Employee Incident Report

Reported By _____ Title/Role _____

Date of Report _____ Incident Number _____

Employee Incident Information

Date of Incident: _____ Date of Type: _____

Employee Name: _____ Employee Role: _____

Location: _____
Street Address

_____
City State ZIP Code

Specific Area of Location (if applicable): _____

Incident Description (including any events leading to or immediately following the incident):

_____

_____

_____

Employee Explanation of Events:

_____

_____

_____

Resulting Action Executed, Planned, or Recommended:

_____

_____

_____

Name/Role/Contact of Parties Involved:

1. _____
2. _____
3. _____

Name/Role/Contact of Witnesses:

1. _____
2. _____
3. _____

Was a police report filed?

- ❑ Yes
- ❑ No

_____	_____	_____
Employee Name	Reporting Staff Name	HR Rep. Name
_____	_____	_____
Employee Signature	Reporting Staff Signature	HR Rep. Signature
_____	_____	_____
Date	Date	Date