**EMPLOYEE INCIDENT REPORT**

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| --- | --- | --- | --- | --- |
| **REPORTED BY:** | [Reported By] |  | **DATE OF REPORT:** | [Date of Report] |
| **TITLE / ROLE:** | [Title / Role] |  | **INCIDENT NO.:** | [Incident No.] |

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| **EMPLOYEE INCIDENT INFORMATION** | | | | |
| **EMPLOYEE NAME:** | [Employee Name] |  | **EMPLOYEE TITLE / ROLE:** | [Employee Title / Role] |
| **DATE OF INCIDENT:** | [Date of Incident] |  | **TIME OF INCIDENT:** | [Time of Incident] |

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| **IMMEDIATE SUPERVISOR:** | | [Immediate Supervisor] | | | |
| **DEPARTMENT HEAD:** | | [Department Head] | | | |
| **ALLEGED VIOLATION:** | | [Alleged Violation] | | | |
| **LOCATION:** | [Location] | | | | | |
| **SPECIFIC AREA OF LOCATION:** | | | [Specific Area of Location] | | | |
| **ADDITIONAL PERSON(S) INVOLVED:** | | | | [Additional Person(s) Involved] | | |
| **WITNESSES:** | | | | [Witnesses] | | |
|  | | | | |  | |
| **INCIDENT DESCRIPTION INCLUDING ANY EVENTS LEADING TO OR IMMEDIATELY FOLLOWING THE INCIDENT:** | | | | | | |
| [Incident Description] | | | | | | |
| **EMPLOYEE EXPLANATION OF EVENTS / CIRCUMSTANCES:** | | | | | | |
| [Employee Explanation] | | | | | | |
| **ACTION TAKEN BY THE IMMEDIATE SUPERVISOR:** | | | | | | |
| [Action Taken] | | | | | | |
| **IMMEDIATE SUPERVISOR RECOMMENDATION:** | | | | | | |
| [Recommendation] | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME:** | [Employee Name] | **EMPLOYEE SIGNATURE:** |  | **DATE:** |  |
| **REPORTING STAFF NAME:** | [Reported By] | **REPORTING STAFF SIGNATURE:** |  | **DATE:** |  |
| **HR REP NAME:** |  | **HR REP SIGNATURE:** |  | **DATE:** |  |

**INDEX:**