

# Workplace Incident Report

## 1. Incident Details

- **Date of Incident:** \_\_\_\_\_
- **Time of Incident:** \_\_\_\_\_
- **Location:** \_\_\_\_\_
- **Type of Incident:** (e.g., harassment, safety hazard, injury, property damage)  
\_\_\_\_\_

## 2. Individuals Involved

- **Complainant Name:** \_\_\_\_\_
- **Role/Position:** \_\_\_\_\_
- **Contact Information:** \_\_\_\_\_
- **Person(s) Involved:** (List names and roles) \_\_\_\_\_
- **Witnesses (if any):** \_\_\_\_\_

## 3. Incident Description

Provide a detailed account of what happened, including relevant dates, times, and locations. If possible, include direct quotes, actions taken, and any contributing factors.

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## 4. Actions Taken

- **Was the incident reported immediately?** (Yes/No)
- **Who was it reported to?** \_\_\_\_\_
- **Immediate actions taken by management/supervisor:**  
\_\_\_\_\_
- **Additional steps taken (e.g., investigation, disciplinary action, training, support provided):**  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Supporting Evidence

Attach any relevant documents, photos, emails, or additional witness statements that support the incident report.

## 6. Follow-Up Plan

- **Corrective actions recommended:** \_\_\_\_\_
- **Training or policy changes required:** \_\_\_\_\_

- **Additional investigation required?** (Yes/No)
- **Date of follow-up review:** \_\_\_\_\_

### **7. Acknowledgment**

By signing below, I confirm that the details provided in this report are accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor/Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_