



Employee Incident Report			
Date	April 25, 2017		
Employee		Manager	
Name		Name	
Title/positon		Title/position	
Incident			
Date	January 01, 1970		
Time	07:30 am		
Location			
Description of Incident (State exactly what originally happened, who was involved; witnesses; what rule, policy, information security is involved)			
Action Recommended by the Department Head			
<input type="checkbox"/> Verbal warning		<input type="checkbox"/> Suspension	
<input type="checkbox"/> Written warning		<input type="checkbox"/> Dismissal	
(Note: No action is to be taken until a review has been made by HR/OD Department)			
Signature of person preparing report _____ Date _____			
Signature of department head _____ Date _____			
Employee Remarks			
Signature of employee _____ Date _____			
(The signature of the employee acknowledges receipt of this form; it does not mean agreement with its content)			
Disposition and Distribution of this Form:			
1. The original must be sent to the HR/OD Department as soon as possible in order that any action taken will be timely. Written record of any action taken unless it is a verbal warning only, shall be placed in the employee's official record which is maintained in Human Resources			
2. A copy is to be retained by the employee's department. It will serve as documentation of a verbal or written reprimand			
3. A copy is to be given to the employee at the time the form is completed			