**EMPLOYEE INCIDENT REPORT**

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| --- | --- | --- | --- | --- |
| Reported by: |  |  | Date of report: |  |
| Title / role: |  |  | Incident no.: |  |

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| --- |
| **Employee Incident Information** |
| Employee name: |  | Employee title / role: |  |
| Date of incident: |  | Time of incident: |  |
| Location: |  |
| Specific area of location: |  |
| Additional person(s) involved: |  |
| **Witnesses:** |
|  |
| **Incident description including any events leading to or immediately following the incident:** |
|  |
| **Employee explanation of events / circumstances:** |
|  |
| **Resulting action executed, planned, or recommended:** |
|  |

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| --- | --- | --- | --- | --- | --- |
| Employee name: |  | Employee signature: |  | Date: |  |
| Reporting staff name: |  | Reporting staff signature: |  | Date: |  |
| HR rep name: |  | Hr rep signature: |  | Date: |  |