

# EMPLOYEE INCIDENT REPORT

Reported by: \_\_\_\_\_

Date of report: \_\_\_\_\_

Title / role: \_\_\_\_\_

Incident no.: \_\_\_\_\_

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:			

**Employee name:** \_\_\_\_\_ **Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reporting staff name:** \_\_\_\_\_ **Reporting staff signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR rep name:** \_\_\_\_\_ **Hr rep signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_