

EMPLOYEE INCIDENT REPORT TEMPLATE

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: _____

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