

| Reported By: | Date of Report: |
| --- | --- |
| Title/Role: | Incident No.: |

| **Employee Incident Information** |
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| Employee Name: | Date of Incident: |
| Employee Title/Role: | Time of Incident: |
|  | Location (Specific Area): |
| Additional Person(s) Involved: | Witness(es): |
| Injury Details (if any): |
| Damage Details (if any): |

| **Incident Description** |
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| Include any events leading to or immediately following the incident. Attach additional pages, if necessary, and attach any signed witness statements. |
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| **Employee Explanation of Events / Circumstances** |
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| Provide details from the employee's perspective on the incident. Attach additional pages, if necessary. |
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| **EMPLOYEES DO NOT FILL THIS BOX - In-office Use Only** |
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| **Resulting Action Executed, Planned, or Recommended** |
| Include any actions taken immediately, as well as planned follow-up actions or recommendations. Attach additional pages, if necessary. |
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| **Signatures** |
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| Employee Name: |
| Employee Signature: | Date: |
| Reporting Staff Name: |
| Reporting Staff Signature: | Date: |
| HR Rep Name: |
| HR Rep Signature: | Date: |

| **Witness Explanation of Events / Circumstances** |
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| Witness Name: |
| Witness Role: |
| Provide details from the witness’ perspective on the incident. Attach additional pages, if necessary. |
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