

INCIDENT REPORT

EMPLOYEE	
EMPLOYEE NAME	POSITION
SOC. SEC. NO.	DEPARTMENT
EMPLOYEE ID NO.	SUPERVISOR

INCIDENT INFORMATION		
DATE OF OCCURRENCE	TIME AM PM	LOCATION
WHAT HAPPENED (DESCRIBE EVENTS LEADING UP TO AND INCLUDING INCIDENT)		

I CERTIFY BY MY SIGNATURE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE.

EMPLOYEE SIGNATURE	DATE
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SUPERVISOR SECTION
WHEN DID YOU FIRST LEARN OF THE INCIDENT?
DO YOU HAVE KNOWLEDGE OF PRIOR INCIDENTS INVOLVING THESE SAME PERSONS? IF YES, EXPLAIN.
WHAT ACTIONS HAVE PREVIOUSLY BEEN TAKEN TO ADDRESS THE PRIOR INCIDENTS?
WERE PRIOR INCIDENTS REPORTED TO HUMAN RESOURCES? IF YES, STATE DATE OF REPORT(S).
WITNESSES: (NAME, ADDRESS, PHONE)

SUPERVISOR SIGNATURE	DATE
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