

Employee Incident Report Template

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

Employee Incident Information

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

Include any events leading to or immediately following the incident. Attach additional pages, if necessary, and attach any signed witness statements.

Employee Explanation of Events / Circumstances

Provide details from the employee's perspective on the incident. Attach additional pages, if necessary.

EMPLOYEES DO NOT FILL THIS BOX - In-office Use Only

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.

Signatures

Employee Name:

Employee Signature:

Date:

Reporting Staff Name:

Reporting Staff Signature:

Date:

HR Rep Name:

HR Rep Signature:

Date:

Witness Explanation of Events / Circumstances

Witness Name:

Witness Role:

Provide details from the witness' perspective on the incident. Attach additional pages, if necessary.