



EMPLOYEE INCIDENT REPORT

Date of Event: _____ (If more than one event, please report each event on a separate form.)

Name: _____ **Today's Date:** _____

Where did the specific event occur?

How would you describe the circumstances?

Please explain the events that occurred (Give the who, what, when, where, how)?

Were there any witnesses to this specific event? (If yes, please provide their names)

How did you feel?

What would be your desired outcome as a result of the investigation?

Return form to either your Supervisor or Human Resources Director