**EMPLOYEE INCIDENT REPORT FORM EXAMPLE**

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| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME:** |  | **EMPLOYEE SIGNATURE:** |  | **DATE:** |  |
| **REPORTING STAFF NAME:** |  | **REPORTING STAFF SIGNATURE:** |  | **DATE:** |  |
| **HR REP NAME:** |  | **HR REP SIGNATURE:** |  | **DATE:** |  |

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