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| **Employee Incident Report Form** | | | | | | |
| **Date** |  | |  |  | |  |
| **Employee** |  | |  | **Manager** | |  |
| Name |  | |  | Name | |  |
| Title/position |  | |  | Title/position | |  |
| **Incident** |  | |  |  | |  |
| Date |  | | | | | |
| Time |  | | | | | |
| Location |  | | | | | |
| **Description of incident** | | | | | | |
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| **Employee explanation** | | | | | | |
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| **Witnesses** | | | | | | |
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| **Action to be taken** | | | | | | |
|  Verbal warning | |  Probation | | |  Dismissal | |
|  Written warning | |  Suspension | | |  Other | |
| Explain |  | | | | | |
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| **By signing this document, you acknowledge that you have read and understood the information contained herein** | | | | | | |
|  | | |  |  | | |
| Employee | | |  | Manager | | |
|  | | |  |  | | |
| Date | | |  | Date | | |
|  |  | |  |  | |  |

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