

# INCIDENT REPORT

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Describe incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Witnesses:

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

## Reported to:

Person

Date

_____	_____
_____	_____
_____	_____

Use reverse side for additional remarks.