

# Employee Incident Report Form

Instructions: Complete this form as soon as possible following an incident. This form is for record-keeping and printing purposes.

## 1. Employee Information

Employee Full Name: <input type="text"/>	Employee ID: <input type="text"/>
Job Title: <input type="text"/>	Department / Division: <input type="text"/>
Immediate Supervisor: <input type="text"/>	

## 2. Incident Details

Date of Incident (MM/DD/YYYY): <input type="text"/>	Time of Incident (AM/PM): <input type="text"/>	Specific Location of Incident: <input type="text"/>
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## 3. Incident Description

Describe what happened (events leading up to, during, and immediately after the incident): <input type="text"/> <input type="text"/> <input type="text"/>
Names and contact information of any witnesses: <input type="text"/>

## 4. Injury and Damage Information

Was anyone injured? (Yes / No / Details): <input type="text"/>
If injured, describe the injuries sustained: <input type="text"/>
Was there any damage to property or equipment? (Yes / No / Details): <input type="text"/>

## 5. Acknowledgement and Signatures

By signing below, the parties agree that the information provided on this form is accurate to the best of their knowledge.

Employee Signature (Print and Sign): <input type="text"/>	Date Signed: <input type="text"/>
Supervisor Signature (Print and Sign): <input type="text"/>	Date Signed: <input type="text"/>

