

## EMPLOYEE INCIDENT REPORT FORM

EMPLOYEE COMPLETING THIS FORM		
Name of Employee Reporting the Incident:		
Phone Number:	Email:	
INCIDENT INFORMATION		
Date of Incident:	Time of Incident:	
Exact Location of Incident (provide details):		
Names of all <i>EMPLOYEES</i> involved in the incident:		
Names of <i>ALL OTHERS</i> involved in the incident:		
Names of <i>witness(es)</i> to the Incident:		
Did physical violence occur?	YES	NO
Did damage to property occur?	YES	NO
Is there any evidence of the incident (video, photos, notes or recordings, etc.)? Please describe:		
Was the police department called?	YES	NO
If so provide incident number and officer(s) name(s):		
Describe the incident in detail (use new page or back of form if more space is needed):		

**Signature of person completing form:** \_\_\_\_\_

*Submit form to your direct supervisor immediately for follow-up.*