

Employee Incident Report

Date _____

Employee Name _____
Identification _____

Manager Name _____
Identification _____

Incident Date _____
Time _____
Location _____

Description of incident:

Employee explanation:

Witness:

Reason for the event:
 Intimidating Prohibition Disciplinary
 Other activity Suspicion Other
Explain: _____

By signing this document, you acknowledge that you have read and understood the information contained herein.

Employee

Manager

Date

Date