

Employee Incident Report

Date _____

Employee

Name _____
Identification _____

Manager

Name _____
Identification _____

Incident

Date _____
Time _____
Location _____

Description of incident:

Employee explanation:

Witness:

Reason for the claim:

Intimidation

Protection

Harassment

Other activity

Suspicion

Other

Explain:

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

Employee

Manager

Date

Date