

Employee Incident Report

Date _____

Employee Name _____
Title/Position _____

Manager Name _____
Title/Position _____

Incident Date _____
Time _____
Location _____

Description of incident

Employee explanation

Witnesses

Action to be taken
 Verbal warning Probation Demotion
 Written warning Suspension Other

Explain _____

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

Employee

Manager

Date

Date