

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 Dismissal
 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