## **Employee Incident Report**

Date		
Employee		Manager
Name		Name
Title/position		Title/position
Incident		
Date		
Time		
Location		
Description of inc	cident	
Employee explanation		
Witnesses		
Action to be taker  Verbal warning  Written warning	Probation	☐ Dismissal ☐ Other
Explain		
By signing this do information conta		nat you have read and understood the
E	Employee	Manager
Date		Date