

## **EMPLOYEE INCIDENT REPORT**

Witnessing Employee Information	
Name (Last, First):	
Contact Information/Work Location:	
Transcriber Information  (Complete if the report is being transcribed by another individual on behalf of the witnessing employee.)  Name (Last, First):  Contact Information/Work Location:	
Incident Information	
<ul> <li>Provide the date, time and location of the incident</li> </ul>	
Describe, in order of events, what you experienced, heard or	witnessed
<ul> <li>Provide names, physical descriptions, and/or other identifying</li> <li>Identify all other known witnesses</li> </ul>	
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I declare, under penalty of perjury, that the information provided on this form is accurate and true. If transcribed on my behalf, I certify that this document appropriately reflects my verbal statement.	
Signature of Witnessing Employee:	Date: