

EMPLOYEE INCIDENT REPORT

Date of Report: _____, 20__

Employee(s) Involved

Name: _____

Department: _____

Title: _____

Contact Information: _____

Name: _____

Department: _____

Title: _____

Contact Information: _____

Incident Details

Date: _____, 20__

Time: _____ ☐ AM ☐ PM

Location: _____

Type of Incident: (Check all that apply)

☐ Insubordination

☐ Disruptive or Aggressive Behavior

☐ Harassment or Bullying

☐ Discrimination or Offensive Conduct

☐ Violation of Company Policy

☐ Theft or Misuse of Company Property

☐ Attendance or Punctuality Issue

☐ Other: _____

Describe the incident:

Actions Taken

Was the employee spoken to or removed from the work area? ☐ Yes ☐ No

Was HR or a supervisor notified?

☐ Yes ☐ No

Was security involved?

☐ Yes ☐ No

Describe any other actions taken in response to the incident:

Witness(es)



Were there any witnesses to the incident? ☐ Yes ☐ No

Witness Name: _____

Contact Information: _____

Witness Name: _____

Contact Information: _____

Investigation Summary

Was an internal investigation conducted? ☐ Yes ☐ No

Investigator Name: _____ Date of Investigation: _____, 20__

Summary of findings:

Disciplinary Actions

☐ Verbal Warning

☐ Written Warning

☐ Suspension

☐ Termination

☐ Mandatory Training or Counseling

☐ Other: _____

Additional notes on disciplinary action:

Supporting Documents

Are supporting documents attached? ☐ Yes ☐ No

Describe the supporting documents:

Reporting Person

Name: _____

Title: _____

Signature: _____

Date: _____

HR Review

Reviewed by: _____

Title: _____

Signature: _____

Date: _____

