

Standardized Incident Report Form

Employee Information

Full Name:

Employee ID:

Department:

Position:

Incident Details

Date of Incident:

Time of Incident:

Location:

Type of Incident:

Description of Incident

Provide a detailed description of the incident:

Persons Involved

Names and roles of all persons involved:

Witnesses

List all witnesses, if any:

Immediate Actions Taken

Describe any immediate action taken:

Reported To

Supervisor/Manager notified:

Date Reported:

Employee Signature:

Date:

Important Notes

- Complete all sections of the form accurately and honestly.
- Submit the report as soon as possible following the incident.
- All information provided will be kept confidential as per company policy.
- If additional space is required, please attach supplemental pages.
- This document is an official record—falsification may result in disciplinary action.