

Incident Investigation Report

Report Number: _____ Date of Report: _____
Department: _____ Investigator: _____
Incident Date & Time: _____ Location: _____

1. Individuals Involved

Name	Position/Title	Employee ID	Contact
_____	_____	_____	_____
_____	_____	_____	_____

2. Description of Incident

3. Witness(es)

Name	Contact Information	Statement
_____	_____	_____
_____	_____	_____

4. Evidence Collected

- _____
- _____
- _____

5. Root Cause Analysis

6. Corrective Actions Recommended

- _____
- _____
- _____

7. Reported by

Name: _____ Date: _____
Signature: _____

8. HR Review & Comments

Important Notes

- Ensure all information is accurate and objective.
- Maintain confidentiality; only authorized personnel should access this report.
- Document all evidence and witness statements clearly.
- This report should be retained according to organizational policies and regulatory requirements.
- Follow up on recommended corrective actions and document completion.