

Incident Description Report

Report Number: _____

Date of Incident: _____

Time of Incident: _____

Location: _____

Person(s) Involved: _____

Reported By: _____

Contact Information: _____

Description of Incident

Immediate Action Taken

Witnesses (if any)

Follow-up Actions / Recommendations

Additional Comments

Prepared By

Date

Important Notes:

- Ensure all information is accurate and complete before submitting.
- Use clear and concise language in all sections.
- Include names and contact details of all witnesses if available.
- Describe the sequence of events in detail for clarity.
- Confidentiality should be maintained where appropriate.