

# 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.