

# Standardized Incident Description Statement

Date of Statement:

YYYY-MM-DD

Time of Statement:

HH:MM AM/PM

Name of Person Making Statement:

Full Name

Position / Role:

Position or Role

Contact Information:

Email / Phone

Date of Incident:

YYYY-MM-DD

Time of Incident:

HH:MM AM/PM

Location of Incident:

Location

## Incident Description

Detailed Description:

Describe exactly what occurred, including sequence of events, actions taken, and any persons involved.

Persons Involved / Witnesses:

List names and roles, if known.

Immediate Actions Taken:

Describe any actions taken immediately after the incident.

Additional Comments:

Any further remarks, if necessary.

Signature:

Type name for electronic signature

Date Signed:

YYYY-MM-DD

**Important Notes:**

- Ensure statements are factual and objective; avoid personal opinions or assumptions.
- Record events in chronological order and include as much detail as possible.
- Identify all individuals involved or present during the incident.
- Maintain confidentiality; share only with authorized personnel.
- Review your statement for accuracy and completeness before submitting.