INCIDENT REPORT

Type of Incident : ☐ Accident ☐ Workplace Violence ☐ Injury

COMPLETE THIS FORM WITH AS MUCH DETAIL AS POSSIBLE AND SUBMIT TO THE HUMAN RESOURCES-RISK MANAGER. THE REPORTING INDIVIDUAL MAY CHOOSE TO BE ANONYMOUS, HOWEVER WITHOUT IDENTIFYING INFORMATION, THE ABILITY TO INVESTIGATE MAY BE LIMITED. REGARDING WORKPLACE VIOLENCE REPORTS, NO PERSONALLY IDENTIFIABLE INFORMATION WILL BE INCLUDED IN THE VIOLENT INCIDENT LOG.

ADDRESS: _____ TIME: _____ DATE: _____

Location of Incident: _____ Reported by: _____

Name of affected employee(s), contractor(s) or volunteer(s): _____

Description of Incident:

Action Taken:

Reported to: _____

Outside agency contacted: ☐ 911 ☐ other: _____

Police Officer's Name: _____ Badge Number: _____

Case Number (if applicable): _____

Description of Witness #1 (if applicable): ☐ Male ☐ Female

Name (if known): _____

Ethnicity: _____ Age: ___ Height: _____ Hair color: _____

Clothing/Distinctive features: _____

Description of Witness #2 (if applicable): ☐ Male ☐ Female

Name (if known): _____

Ethnicity: _____ Age: ___ Height: _____ Hair color: _____

Clothing/Distinctive features: _____

Please use this space for any additional information you would like to add:

(Attach any relevant documents if necessary)

For Employee Injury: The Employee's Report of Injury or Illness should be attached
For Vehicle Accidents: The Driver's Report of Accident should be attached