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| **Employee Incident Report** |
| **Date** |  |  |  |  |
| **Employee** |  |  | **Manager** |  |
| Name |  |  | Name |  |
| Title/position |  |  | Title/position |  |
| **Incident** |  |  |  |  |
| Date |  |
| Time |  |
| Location |  |
| **Description of incident** |
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| **Employee explanation** |
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| **Witnesses** |
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|  |
| **Action to be taken** |
|  Verbal warning |  Probation |  Dismissal |
|  Written warning |  Suspension |  Other |
| Explain |  |
|  |
|  |
|  |
| **By signing this document, you acknowledge that you have read and understood the information contained herein** |
|  |  |  |
| Employee |  | Manager |
|  |  |  |
| Date |  | Date |
|  |  |  |  |  |

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