**Incident Report Form**

Employees should use this form to report work-related incidents to HR.

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| **Employee information** |
| **Name** |  | **Employee ID** |  |
| **Job title** |  | **Department** |  |
| **Supervisor** |  | **Date** |  |

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| **Incident details** |
| **Date** |  | **Time** |  | **Location** |  |
| **Witnesses (if applicable)** |  |
| **Description of the incident** | [Describe the incident in detail. Include the names of all individuals involved.] |
| **Immediate actions taken** | [Document any immediate actions that may have been taken to address the incident when it happened.] |
| **Root cause of the incident** | [Investigation team to document their findings regarding the root cause of the incident.] |

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| **Follow-up actions** |
| [Track any corrective actions implemented and their effectiveness in preventing similar incidents, as well as the outcomes of investigations or litigation.] |

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| **Employee signature** |  | **Supervisor signature** |  |

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| **Received by** |
| **Name** |  |
| **Date** |  | **Signature** |  |



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