**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** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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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