

WORKPLACE INCIDENT | REPORT

INCIDENT REPORTED BY

Name:	
Department:	
Phone Number:	
Email Address:	
Date Reported:	
INCIDENT ASSIGNED TO	
Name:	
Date Received:	
PERSON(S) INVOLVED	
Name:	
Department and Title:	
Phone Number:	
Email Address:	
Name:	
Department and Title:	
Phone Number:	
Email Address:	
Name:	
Name:	
Phone Number:	
Email Address:	
2111.417.144.1666.	
Name:	
Department and Title:	
Phone Number:	
Email Address:	

DESCRIPTION OF INCIDENT Date: Time: Location: Incident Details: ___ If there was potential criminal activity, were police notified? ☐ Yes ☐ No Were there injuries? ☐ Yes ☐ No If yes, please describe the nature of the injuries: Was medical treatment provided? ☐ Yes ☐ No ☐ Refused treatment Root cause of incident, if known: Follow-up recommendations: Additional notes: _ WITNESS(ES) TO INCIDENT Name: Department and Title: Phone Number: Email Address: Name: ____ Department and Title: Phone Number: Email Address: Name: Department and Title:

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Phone Number:

Email Address: