



Incident Report Form

Information About Person Involved in the Incident			
Full Name			
Home Address			
<input type="checkbox"/> Employee		<input type="checkbox"/> Visitor	
<input type="checkbox"/> Vendor			
Phone Numbers	Home	Mobile	Work

Information About the Incident		
Date of the Incident	Time	Police notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.). Be as specific as possible (attach additional sheets if necessary).		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a separate sheet with names, addresses, and phone numbers.		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> On Site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

Reporter Information	
Full Name	Phone
Date of report	
Address	
Signature	

Witness Sheet

Witness 1	
Full Name	Phone
Address	
Role in the Incident	

Witness 2	
Full Name	Phone
Address	
Role in the Incident	

Witness 3	
Full Name	Phone
Address	
Role in the Incident	

For Office Use Only

Report received by _____ Date _____

Signed _____

Document any following-up actions taken after the receipt of this incident report.

Date	Action Taken	By Whom
		