## **Incident Report Form for Employees**

Employee Name	
Employee ID	
Department	
Date of Incident	
Time of Incident	
Location of Incident	
Type of Incident	
	•
Describe the Incident	
Witnesses (if any)	
Witnesses (if any)	
Witnesses (if any)	
Witnesses (if any)  Immediate Action Taken	
Witnesses (if any)	
Witnesses (if any)  Immediate Action Taken	