

# Retail Incident Report Form (Employee-Related)

## Incident Details

Date of Incident

Time of Incident

Location / Store

Area/Department

## Employee(s) Involved

Name(s)

Employee ID(s)

Job Title(s)

Supervisor/Manager

## Description of Incident

Description

Actions Taken Immediately

Witness(es) Name(s) & Contact

## Follow-Up

Further Actions / Recommendations

Reported By

Date Reported