

Incident Report (Form)

The information you provide below is considered sensitive and will be shared only with persons essential to the investigation and disposition of this report. Attach additional material you believe will assist in the investigation of the incident. Completed forms should be sent to your supervisor and HR.

Today's Date: _____

Your Name: _____

Work Phone: _____

Position: _____ Dept: _____

Immediate Supervisor: _____

Incident Date: _____ Time: _____ AM PM

Incident Location: _____

Type of Incident: Assault Robbery Theft Intruder Property Damage

Other (please specify): _____

Were the police contacted? Yes No

If yes, did they respond quickly? Yes No

Were you injured? Yes No

If yes, specify your injuries and the location of any treatment:

1. Describe the incident:

2. Who was responsible for the incident? Include name(s), age(s), and address(es), if known:

3. Identify any witnesses to the incident. Include address and phone, if available:

4. Have you reported this incident to anyone else? If so, to whom?

5. Has this type of incident happened before? Yes No

If yes, briefly describe the previous incident:

6. Did you have reason to believe the incident might re-occur? Yes No

If yes, why?

7. Can you suggest what can be done to prevent similar incidents in the future?

Your Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

