

# 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:

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

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

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

If yes, briefly describe the previous incident: \_\_\_\_\_

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

If yes, why? \_\_\_\_\_

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

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Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_