



Incident Report Form

Instructions: Employees should use this form to report all work-related incidents, including, but not limited to, instances of alcohol or drug use, discrimination, harassment, theft, and violence. This helps us to identify and correct workplace problems. This form should be completed and returned to a supervisor as soon as possible.

Nature of incident being reported (ex: drug use, harassment, theft, etc.): _____

Your name: _____

Job title: _____

Supervisor: _____

Have you told your supervisor about this incident? _____
%

Date of incident: _____

Time of incident: _____

Names of witnesses (if any): _____

Where, exactly, did the incident happen? _____

What were you doing at the time? _____

Describe the incident in detail (continue on 2nd page if necessary). Identify who, what, when, where, and how: Who committed the alleged incident? What exactly occurred or what was said? When did it occur, and is it still ongoing? Where did it occur? How often did it occur? How did it affect you?

Your signature: _____

Date: _____