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| --- | --- |
| **Incident Report Date:** | 00.00.20[ ] |
| **Incident Report Number:** | [SPECIFY THE INCIDENT REPORT NUMBER] |
| **Reported By:** | [INSERT THE NAME] |
| **Title/Position:** | [SPECIFY THE TITLE OR POSITION] |

**INFORMATION OF THE INCIDENT**

|  |  |
| --- | --- |
| Date of the Incident: | 00.00.20[ ] |
| Time of the Incident: | 00:00 AM/PM |
| Type of Incident: | [SPECIFY THE TYPE OF INCIDENT] |
| Location of the Incident: | [SPECIFY THE LOCATION OF THE INCIDENT] |
| Specific Area of the Incident: | [SPECIFY THE AREA OF THE INCIDENT] |
| Full Description of the Incident: | [PROVIDE A FULL DESCRIPTION OF THE INCIDENT] |

**PARTIES INVOLVED:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **ROLE** | **CONTACT NUMBER** |
| [INSERT THE NAME OF THE PARTY] | [SPECIFY THE ROLE OF THE PERSON IN THE INCIDENT] | [INSERT THE CONTACT NUMBER OF THE PARTY] |
| [INSERT THE NAME OF THE PARTY] | [SPECIFY THE ROLE OF THE PERSON IN THE INCIDENT] | [INSERT THE CONTACT NUMBER OF THE PARTY] |

**INCIDENT WITNESS:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **ROLE** | **CONTACT NUMBER** |
| [INSERT THE NAME OF THE WITNESS] | [SPECIFY THE ROLE OF THE WITNESS] | [INSERT THE CONTACT NUMBER OF THE WITNESS] |
| [INSERT THE NAME OF THE WITNESS] | [SPECIFY THE ROLE OF THE WITNESS] | [INSERT THE CONTACT NUMBER OF THE WITNESS] |

**Follow-Up Questions:**

Was the Incident Reported to the Police?

Were the Parties Able to File a Police Incident Report?

If yes:

Reporting Police:

Precinct Number:

Phone Number:

**FOLLOW-UP ACTION**

1. Was the human resource manager or department head able to make the necessary action after the incident report?

2. Was the incident resolved?

3. Was the party reasonably compensated? If so, how?

4. Was the person directly responsible for the incident punished or reprimanded? If so, how?

SUPERVISOR NAME:

SIGNATURE:

DATE: 00.00.20[ ]