

# INCIDENT DOCUMENTATION NOTICE

## EMPLOYEE INFORMATION:

Employee Name:

Job Title:

Employment Category:

Department:

Supervisor:

## INCIDENT INFORMATION:

Date/Time:

Place:

Type of Incident:

Bodily Injury

Property Damage

Who:

Type of Property:

Description of Incident:

Estimated Loss:

Results:

Vehicle Accident (attach Police report)

Estimated Loss:

Was seat belt worn at time of accident:  Yes  No

Witnesses:

Witness #1 Report:

Witness #2 Report:

Witness #3 Report:

Details of Incident:

## NEXT STEPS

Any disciplinary actions taken against this employee?  Yes  No

Explain.

Did employee offer any explanation?  Yes  No

Explain.

Signature of Supervisor Preparing Report:

Date:

*Use the back of this form to complete any other information on the incident. (Who, what, when, where, how and why.)*

Any other information needed about incident not included on the front of this form.

## **SUPERVISOR INVESTIGATION REPORT**

How soon were you made aware of the incident?

Was the incident reported to the police? Attach a copy of the police report.

Was proper protective equipment utilized (if appropriate)?  Yes  No  
If not, why not?

From your investigation, describe what happened.

What, in your opinion, caused the incident?

What corrective action have you taken to prevent a similar incident?

Date: