

# WORKPLACE INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or student behavior incidents. If possible, a report should be completed within 24 hours of the event.

Date of Report: [DATE]

## 1. PERSON INVOLVED

Full Name: [NAME] Address: [ADDRESS]

Identification: ☐ Driver's License No. [#] ☐ Passport No. [#] ☐ Other: [OTHER]

Phone: [PHONE NUMBER] E-Mail: [E-MAIL ADDRESS]

## 2. THE INCIDENT

Date of Incident: [DATE] Time: [TIME] ☐ AM ☐ PM

Location: [LOCATION]

Describe the Incident: [DESCRIBE THE INCIDENT]

## 3. INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries: [DESCRIPTION OF INJURIES]

## 4. WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info: [NAMES OF WITNESSES]

## 5. POLICE / MEDICAL SERVICES

Police Notified? ☐ Yes ☐ No If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided? ☐ On site ☐ Hospital ☐ Other: [OTHER]

## 6. PERSON FILING REPORT

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

Print Name: \_\_\_\_\_

### OFFICE USE ONLY

Report received by: [NAME] Date: [DATE]

Follow-up action taken:

Action Taken: DESCRIBE]