
INVESTIGATION INCIDENT REPORT

The company encourages you to resolve any problem or issue informally with the individuals involved. However, if you have a concern or experience a problem that affects you or your co-workers, we ask that you complete this form and return it to Human Resources within five working days after the incident or problem occurred.

EMPLOYEE INFORMATION

Name of Employee claiming incident: _____

Employee's Job Title: _____

INCIDENT INFORMATION

Date/Time of Incident: _____ Location of Incident: _____

Description of Incident:

Witnesses to Incident: _____

In your opinion, was this problem / incident in violation of a company policy? Yes No

If yes, specify which policy and how the incident violated it.

What ideas do you have for remedying the situation?

Is there any other information you feel is relevant to this situation?

Signature: _____ Today's Date: _____