**GENERAL STAFF INCIDENT REPORT FORM**

|  |  |  |
| --- | --- | --- |
|  |  | DATE OF REPORT |
|  |  |  |
| EMPLOYEE NAME | TITLE |
|  |  |
| MANAGER NAME | TITLE |
|  |  |

INCIDENT DETAILS

|  |  |  |
| --- | --- | --- |
| LOCATION | DATE OF INCIDENT | TIME |
|  |  |  |
| DESCRIPTION OF INCIDENT |
|  |
| EMPLOYEE EXPLANATION |
|  |
| WITNESSES |
|  |
| ACTION TO BE TAKEN *select one* |
|  | Verbal Warning |  | Probation |  | Dismissal |
|  | Written Warning |  | Suspension |  | Other |
| EXPLANATION OF ACTION TO BE TAKEN |
|  |

By signing this form, you acknowledge that you have read and understood the information contained herein.

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE SIGNATURE** | **DATE** | **EMPLOYEE SIGNATURE** | **DATE** |
|  |  |  |  |

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