[](http://bit.ly/2Zs0G8U)**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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