**Employee Incident Statement Form**

#### **Employee Information**

**Full Name: \_\_\_\_\_\_\_\_\_\_
Employee ID: \_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_
Job Title: \_\_\_\_\_\_\_\_\_\_
Supervisor Name: \_\_\_\_\_\_\_\_\_\_**

#### **Incident Details**

**Date and Time of Incident: \_\_\_\_\_\_\_\_\_\_
Location: \_\_\_\_\_\_\_\_\_\_
Nature of Incident: \_\_\_\_\_\_\_\_\_\_
Individuals Involved: \_\_\_\_\_\_\_\_\_\_
Witnesses (if any): \_\_\_\_\_\_\_\_\_\_**

#### **Statement of Events**

**Describe the incident in detail, including what occurred, how it happened, and any contributing factors.**

**Actions Taken:
Describe any immediate steps taken, including reporting to a supervisor, seeking medical attention, or addressing safety concerns.**

#### **Confirmation and Acknowledgment**

**I confirm that the information provided is accurate to the best of my knowledge.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_**