

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: _____