**WORKPLACE INCIDENT REPORT FORM**

Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or student behavior incidents. If possible, a report should be completed within 24 hours of the event.

Date of Report: [DATE]

|  |
| --- |
| 1. **PERSON INVOLVED**
 |

Full Name: [NAME] Address: [ADDRESS]

Identification: [ ]  Driver’s License No. [#] [ ]  Passport No. [#] [ ]  Other: [OTHER]

Phone: [PHONE NUMBER] E-Mail: [E-MAIL ADDRESS]

|  |
| --- |
| 1. **THE INCIDENT**
 |

Date of Incident: [DATE] Time: [TIME] [ ]  AM [ ]  PM

Location: [LOCATION]

Describe the Incident: [DESCRIBE THE INCIDENT]

|  |
| --- |
| 1. **INJURIES**
 |

Was anyone injured? [ ]  Yes [ ]  No

If yes, describe the injuries: [DESCRIPTION OF INJURIES]

|  |
| --- |
| 1. **WITNESSES**
 |

Were there witnesses to the incident? [ ]  Yes [ ]  No

If yes, enter the witnesses’ names and contact info: [NAMES OF WITNESSES]

|  |
| --- |
| 1. **POLICE / MEDICAL SERVICES**
 |

Police Notified? [ ]  Yes [ ]  No If yes, was a report filed? [ ]  Yes [ ]  No

Was medical treatment provided? [ ]  Yes [ ]  No [ ]  Refused

If yes, where was medical treatment provided? [ ]  On site [ ]  Hospital [ ]  Other: [OTHER]

|  |
| --- |
| 1. **PERSON FILING REPORT**
 |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **OFFICE USE ONLY** |

Report received by: [NAME] Date: [DATE]

Follow-up action taken:

Action Taken: DESCRIBE]