|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name** | | | **Direct Supervisor/Manager Name** | | | |
| **Title/Position** | | | **Department** | | | |
| **INCIDENT** | | | | | | |
| **Date** | **Time** | | | **Location** | | |
| **Incident Description** | | | | | | |
| **Cause of Incident** | | | | | | |
| **People Involved**  1.  2. 3. | | | | | **Witnesses**  1.  2. 3. | |
| **ACTION TO BE TAKEN** | | | | | | |
| 🞏 Verbal warning | | 🞏 Dismissal | | | | **Remarks** |
| 🞏 Written warning | | 🞏 Other | | | |
| 🞏 Suspension | | 🞏 | | | |
| I, the undersigned confirm that the details above are correct, | | | | | | |
| **Employee Name** | | Signature | | | | Date |
| Acknowledged by, | | | | | | |
| **Direct Supervisor/Manager Name** | | Signature | | | | Date |
| **Human Resources Manager** | | Signature | | | | Date |

**EMPLOYEE INCIDENT REPORT**