|  |  |
| --- | --- |
| **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**