**INCIDENT REPORT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Accident/Injury** – Work-related physical injury or illness or incident

Date that could have caused an injury

 **Committed Wrongdoing** – Committed an improper or illegal act

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Poor Customer Service** – Failed to meet customer expectations;

Employee/Volunterr unfriendly

 **Poor Performance** – Failed to meet the production or other workplace

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ expectations; irresponsible

Employee/Volunteer ID **Unsafe Work Practices** – Endangered the health or safety of himself/herself

 or others

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Violated Policy/Procedure** – Breached written or verbal policy; failed

Department to follow procedure

 **Other**

Location

Supervisor

**General Information About Incident**

Date of Incident

Time of Incident

Location of Incident

Witness 1

Witness 2

Other Witness

**Incident Reported: (select one or more)**

 Accident/Injury  Unsafe Work Practices  Committed Wrongdoing

 Poor Customer Service  Violated Policy/Procedure  Other

**Description of Incident**

I, the undersigned employee/volunteer, acknowledge reporting this Incident as above described

Employee/Volunteer Date

Supervisor Date

Personnel Director Date