

Incident Report

Fill in this report when there has been a negative event without physical injury. If an injury has occurred, then use an Accident Report.

Details of the person that suffered from the incident

Name: Telephone number: Email address:

Address details of the person that suffered from the incident (if not home address):

Your details, if you are filling in this form but are NOT the person that had the incident

Name: Telephone number: Email address:

Address details of the person that suffered from the incident (if not home address):

Details of the incident (continue on the next page if you need more space)

Date when it happened: Time when it happened:

What happened?:

Where did it happen?:

How did the incident happen?

Give the cause of the incident, if possible:

Sign and date: The person filling in this form

Print your name: Sign your name: Date:

The employer (as confirmation they have read this Incident Report)

Further details (if you needed more space):