

**EMPLOYEE ACCOUNT OF INCIDENT**

Name of Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of your Supervisor: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of Person (people) Involved in Incident: \_\_\_\_\_

Please explain, in detail, your accounts of what happened (ex: What lead up to the event, if anything, what caused it, what happened and any reason you believe it might have happened.):

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Were there other people who witnessed the event? [ ] Yes [ ] No

If yes, please list the names of any person who might have seen anything, heard anything or participated in the incident and how?

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By signing this sheet you here by testify that all accounts stated on this report are true, accurate, and complete to the best of your knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_