

# INCIDENT REPORT FORM

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

**Reporter Information:**

Full Name: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Contact Information (Phone/Email): \_\_\_\_\_

**Incident Details:**

Type of Incident: \_\_\_\_\_

Description of Incident:

Witnesses (if any):

**Injuries Sustained (if any):**

**Property Damage (if any):**

**Immediate Actions Taken:**

This Incident Report Form is completed in accordance with applicable United States laws and regulations. The information provided herein is accurate to the best of the reporter's knowledge. All parties involved acknowledge that any falsification, omission, or misrepresentation of information may result in disciplinary actions and/or legal consequences. This document shall be maintained as a part of the official records and may be used in any administrative, civil, or criminal proceeding as required.

**REPORTER'S SIGNATURE**

**SUPERVISOR'S SIGNATURE**

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

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

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