WORKPLACE INCIDENT REPORT

State Form 55863 (6-15)

Reset Form

*INSTRUCTIONS: This form should be used to document violence, threats, intimidation, or other disruptive behavior within the work environment. This form is not to be used to report **workplace** injury or harassment.*

INCIDENT INFORMATION		
Date of report *(month, day, year)*	Date of incident *(month, day, year)*	Time of incident ☐ AM ☐ PM
Address where incident occurred *(number and street, city, state, and ZIP code)*		

EMPLOYEE INFORMATION	
Attach additional pages, if needed.	
Name	Job / position
Address of work place *(number and street, city, state, and ZIP code)*	
Contact information	

DESCRIPTION OF THE INCIDENT
Include who was involved, when and where it occurred, and what led up to the incident. Attach additional pages, if needed.

OTHER INDIVIDUALS INVOLVED IN THE INCIDENT		
Attach additional pages, if needed.		
Name	Job / position	Department / section
Address of work place *(number and street, city, state, and ZIP code)*		
How was this individual involved in the incident?		

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INTERVENTION		
Attach additional pages, if needed.		
How was the incident immediately addressed?		
Is follow-up needed? ☐ Yes ☐ No		
If yes, explain:		
Were any other agencies involved (e.g., police)?		
If so, list contact names and telephone numbers:		
Signature of individual completing this report		Date signed *(month, day, year)*
Printed name of individual completing this report	Position of individual completing this report	
Signature of individual receiving this report		Date signed *(month, day, year)*
Printed name of individual receiving this report	Position of individual receiving this report	

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