

Employee Incident Report

Format No.:

Name of Employee: _____

Department: _____ Date of Incident: _____

Nature of incident			
	Company policy violated		Absences – unexcused.
	Theft something		Engaging in violence
	Leaving without permission more than three times		Poor Working / Poor housekeeping
	Disclosing company information		Under influence of alcohol / drugs – Drinking on duty
	Unsatisfactory work performance		Harassment
	Others		

Fact found about incident:

Witness Statement:

Witness Name: _____ Signature: _____

Supervisor Statement:

Supervisor Name: _____ Signature: _____

Employee Comments / Statement:

Employee Signature:

Verbal Warning	Written Warning	02 months Suspended	Termination

Department head: _____

Signature: _____

Human Resource – Executive: _____