

Incident Report Form

This **incident report form** sample template provides a structured way to document workplace accidents or unusual events. It ensures all essential details are captured clearly for review and follow-up. Using this template helps improve safety protocols and accountability within any organization.

General Information

Date of Report:**Name of Person Reporting:****Contact Information:**

Incident Details

Date of Incident:**Time of Incident:****Location of Incident:****Names of Individuals Involved:****Description of Incident:**

Describe what happened, sequence of events, and any contributing factors.

Injuries or Damage (if any):**Witnesses:**

Names and contact info of witnesses

Actions Taken

Immediate Action Taken:**Further Action Required/Recommended:****Reported To (Name & Position):**

Authorization

Signature of Reporter:

Date:

Submit Report