

Employee Incident Report Form

Date:	Employee Name:	Facility Incident took Place:	Type of Incident:
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Incident Description (Please note date, time and other pertinent details of the issue, if there is an attachment please indicate below):

Date when the incident was reviewed with employee: _____

Action taken with the employee: _____

Complaint taken by: _____

Date Complaint was addressed by RCC&S, Inc. Administration: _____

Administrator Signature: _____