

Incident Report Template

Workplace Grievance

Person Reporting the Incident

Full Name

Department / Team

Department or Team

Contact Information

Email or Phone

Date of Incident

Time of Incident

Location of Incident

e.g. Office, Break Room

Persons Involved

List all individuals involved, including witnesses

Description of Incident

Describe what happened in detail

Action Taken (if any)

Describe any actions you took immediately after the incident

Desired Resolution/Outcome

What outcome or resolution do you seek?

Signature

Full Name

Date Submitted