WORKPLACE INCIDENT REPORT

(FH REG 690-23)

TODAY'S DATE

Name and directorate of the person writing the report_____

Telephone number where individuals listed can be reached_____

Name and directorate of the alleged victim_____

Name and directorate of the alleged perpetrator_____

Name(s) of witness (more than four, use reverse side):

1_____ 3_____

2_____ 4_____

The date(s) the incident(s) occurred_____

Describe in detail what happened (use reverse side if more space is needed)_____

Where did the incident take place?_____

Was any type of verbal threat made? If so, what was said?_____

Was there any physical violence? If so, what happened?_____

Do you feel your safety is threatened?_____

_____ _____

Signature Date

CONTINUE ON REVERSE IF NEEDED