

CRITICAL INCIDENT REPORT

Employee: _____ Date: _____

Job Title: _____ Dept: _____

The following is a brief summary of the employee's action which represents a positive work effort or need for corrective action. Space is provided to indicate suggestions for improvement or possible future disciplinary action.

1. Explanation of incident (date, time, place): _____

2. If corrective action is required, what was said to the employee? _____

3. What were employee's remarks and reactions? _____

4. Comments made regarding future disciplinary action.: _____

Supervisor Signature

Date