EMPLOYEE PERFORMANCE INCIDENT REPORT

Instructions

- To be used by the supervisor / manager only. Employee signature is not necessary.
- Documentation should be concise, factual and brief.
- If coaching or counseling is needed, email or call your HR Specialist for assistance.
- Use the Counseling Statement for written disciplinary action.
- Logs can be used to track coaching attempts & positive feedback provided to the employee.
- Supervisors and managers should reference logs when preparing performance evaluations, counseling statements, or performance improvement plans.

SUPERVISOR INFORMATION

Name		
Date of Incident	Date of This Report	Time of Incident

EMPLOYEE INFORMATION

Employee Name	Job Title	
Work Location/System	Work Phone	Personal Phone ☐ Home ☐ Cell

INCIDENT INFORMATION

Incident Location – Street Address	City	State	ZIP Code
Incident Reported To (Identify by Name)	Date and Time Incident Occurred Date Time ☐ a.m. ☐ p.m.		
Job Title of Person Incident Reported To	Date and Time Incident Reported Date Time ☐ a.m. ☐ p.m.		
Describe Incident (list facts only – attach additional page(s) if necessary)			

WITNESS INFORMATION

Name	Relationship (Co-worker, etc.)	Work Phone	Personal Phone

PERSON COMPLETING THIS FORM

Signature	Print Name	
_____	Print Title	Date Signed

EMPLOYEE INCIDENT REPORT
WITNESS STATEMENT

It is the policy of Makotek to maintain an environment that promotes safety and well-being, protecting its employees, customers, and vendors from inappropriate behavior and hazardous situations. Please help us to accomplish this by providing information about the incident described below.

SUPERVISOR INFORMATION

Name	Title
Location	Date

INCIDENT INFORMATION

Incident Location – Street Address	City	State	ZIP Code
Date of Incident	Time of Incident ☐ a.m. ☐ p.m.		
The following description of this incident was previously provided to Makotek			

WITNESS INFORMATION

Name	Relationship	Contact Phone
Is the description listed above an accurate representation of your recollection of the incident? ☐ Yes ☐ No		
If the description listed above is not accurate based upon your recollection of the incident, please provide any facts you believe will provide greater clarity (please list facts only – attach additional page(s) if necessary)		

SIGNATURES

Witness - Please sign here to confirm that you agree with the statement provided above		
Witness Signature	Print Witness Name	Date
Supervisor – Please sign here to confirm that you have spoken with this witness to obtain his/her statement which has not been altered on this form		
Supervisor Signature	Print Supervisor Name	Date