

### EMPLOYEE DETAILS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

### CASE INFORMATION

When did the event take place? Dates and times: \_\_\_\_\_

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Where did the event(s) take place? \_\_\_\_\_

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How often has this occurred or was this a one-time occurrence? \_\_\_\_\_

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Did anyone else participate in the incident? \_\_\_\_\_

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### ADDITIONAL CASE INFORMATION

Have you reported this to anyone within the company before today?  Yes  No

If "yes" when, how and to whom? \_\_\_\_\_

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Have you discussed this with anyone else?  Yes  No

If "yes" who, when and what was their response? \_\_\_\_\_

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Document History:	Document Type: Performance Management	Implementation Date: 01/01/2018	Version: 1.0	Last Revised: 01/01/2018	Page Number: 1
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**CASE DETAILS**

What led up to the incident taking place? \_\_\_\_\_  
\_\_\_\_\_  
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Describe all facts and details about the incident: \_\_\_\_\_  
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(use additional pages if needed)

**ACKNOWLEDGEMENT**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Document History:	Document Type: Performance Management	Implementation Date: 01/01/2018	Version: 1.0	Last Revised: 01/01/2018	Page Number: 2
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