Workplace Incident Log

Employee Name: _____
Employer: _____
Job Title / Department: _____

Date of Incident: _____ Entry # _____
Time (if known): _____

Location/Method: (e.g., in-person meeting, email, phone call):
_____

Individuals Involved: (names, titles, witnesses):
_____

Description of What Occured (stick to facts; include direct statements if possible): _____
_____
_____
_____

Was This Reported to Management or HR? ☐ Yes ☐ No

If yes:
Date reported: _____
To whom: _____

Employer Response (if any): _____

_____

_____

_____

_____

Impact on Your Job (discipline, schedule change, pay issue, emotional or professional impact): _____

_____

_____

_____

_____

Related Documents or Evidence (emails, texts, policies, reviews, etc.): _____

_____

_____

_____

_____

WUSINICH SWEENEY & RYAN, LLC