

**INCIDENT RESOLUTION FORM**

**EMPLOYEE NAME** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_

**IMMEDIATE SUPERVISOR/MANAGER** \_\_\_\_\_

**SECOND-LEVEL SUPERVISOR/MANAGER** \_\_\_\_\_

**1. What happened? (Objectively state details)**

**2. Who was involved? (Include witnesses)**

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**3. Where did it take place?**

**4. When did it take place (Date and Time)**

**5. Why do you think this situation constitutes a complaint? (Policy violation, unjust treatment, other management decision.)**

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**Employee**

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**Date**

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**Supervisor/Manager**

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**Date**