

**Jolie Hair Academy**  
*10134 Colvin Run Road, Suite C, Great Falls, VA, 22066*

**Incident Report Form**



# Employee Incident Report

Date \_\_\_\_\_

**Employee:**

**Manager:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

## Incident

Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

## Description of the incident

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## Employee Explanation

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## Witnesses

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## Action to be Taken

verbal warning

Probation

Call 911

written warning

Suspension

## Manager's Note and Signature

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