

WESTERN HIGHWAYS
TRAFFIC TRUCK PRODUCTS 
Threat/Incident Report

INSTRUCTIONS

This form should be completed by either the employee, their supervisor or jointly.

When an employee reports an incident or phone call such as a threat, act of intimidation, violence or other unacceptable behavior being committed by another employee or external contact.

Date of Incident _____ Time _____ AM PM Date of Notification _____

Specific Location of Incident _____

Name of Affected Personnel _____

Client Visitor Employee-Co Worker Other _____

Name of person who committed the incident (if known) _____

Claimant Visitor Employee-Co Worker Supervisor Vendor Stranger

Other (describe) _____

Witnesses if any Yes No If Yes, interviewed? Yes No
Name: _____ Title: _____
Phone: _____ Ext. _____ Email: _____

Please use back side of this report for additional witnesses

Describe the Incident with as many details as possible. Document only the facts. Describe events leading up to the incident

Please use back side of this report for additional information

What steps could be taken to avoid a similar situation in the future?

Action taken: Referred to HR Interviewed all parties, investigated facts, filed with CHR
 Dismissed complaint because _____
 Other _____

Action taken by _____ Date _____

Name of person completing the form _____

Distribution of Form _____