SUPERVISOR'S INVESTIGATIVE REPORT
TO EMPLOYEE INCIDENT

Institution: SOUTH TEXAS COLLEGE

Re: NAME OF EMPLOYEE/WC Claimant: ____________________________________________

Department: ___________________________ Job Title: ________________________________

Date of Incident: ____________ Time of Incident: ____________________________

How long has employee/claimant worked with your department? ______________________________________________________________________

What happened? Describe what took place or what caused you to make this investigation. Be sure to indicate what employee has told you in regards to the incident.
________________________________________________________________________________
________________________________________________________________________________

List any instructions given, written or verbal, prior to this incident:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What should or could be done to avoid a repeat of this incident?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What have you done thus far, i.e. Safety Counseling of employee, etc.? Has employee attended Safety training recently?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Additional Comments
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Supervisor’s Name: ________________________________

Department/Division: ________________________________________________

Supervisor’s Signature: ___________________________ Date: ______________________