

# Equal Employment Opportunity Incident Report

**Date:** [Insert Date]

**Employee Name:** [Insert Employee Name]

**Employee ID:** [Insert Employee ID]

**Department:** [Insert Department]

**Incident Date:** [Insert Incident Date]

**Incident Time:** [Insert Incident Time]

## Nature of the Complaint:

[Describe the nature of the incident and relevant details]

## Individuals Involved:

1. [Insert Name and Position of Involved Party 1]
2. [Insert Name and Position of Involved Party 2]

## Witnesses:

1. [Insert Name and Contact Information of Witness 1]
2. [Insert Name and Contact Information of Witness 2]

## Action Taken:

[Describe any immediate action taken or observations made following the incident]

## Desired Outcome:

[Describe what resolution or outcome the complainant is seeking]

## Signature:

[Employee Signature]

[Date of Signature]