

Critical Event Report

Employee's Name: _____ Title/Position: _____

Date of Event: _____ Time: _____ Location: _____

Date form completed: _____

Check one: Personal Observation

Second-party Observation: _____

Description of incident (include specific details about situation, what happened, result, etc.):

Area of performance affected (what performance goals, standards, rules, procedures, etc., are associated with the issue):

Follow-up planned: Yes No, describe:

Action taken: Yes No, describe: