



**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: _____