**RECORD OF INTERVIEW – INCIDENT REVIEW**

The exact format and contents of this template will vary according to the organisation. Therefore, the following template can be used as guide and relevant changes made accordingly. However, any wording changes, other than those to insert a company or a person’s name(s), may change the context, meaning or purpose of the template and we recommend you receive advice from our Workplace Relations Consultants prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our team of consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. Our consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on (03) 8662 5222.

**Disclaimer**

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|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor/Manager filing report: |  | Position: |  |
| Employee name: |  | Position: |  |
|  |  |  |  |
| Date of interview: |  |  |  |

## Details of behaviour/incident(s)

|  |  |
| --- | --- |
| Location: |  |
| Other persons present: |  |
|  |
| Date of incident(s): |  | Time: |  |
|  |
| **Description of what occurred:** |
|  |
|  |
| **Consequences of the behaviour/incident(s) (e.g. safety risk to other employees):** |
|  |
|  |
| **Details of company policies/procedures breached:** |
|  |
|  |
| **Potential seriousness of issue (e.g. termination of employment):** |
|  |
|  |
| **Your response to the allegations:** |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor/Manager signature |  | Date: |  |
| Witness signature |  | Date: |  |

I acknowledge receipt of a copy of this document:

|  |  |  |  |
| --- | --- | --- | --- |
| Employee signature |  | Date: |  |
| Witness signature |  | Date: |  |