

# Incident Report Form

## Information about Person(s) Involved in the Incident

Name(s): \_\_\_\_\_

Client     Employee     Other: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

## Information about the Incident

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident (what happened, how it happened, be as specific as possible):

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Were there any witnesses to the incident? Yes / No

Name of Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury (ies):

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Was medical treatment provided? Yes / No / Refused

If yes, where was treatment provided: On site / Urgent Care / Emergency Room / Other: \_\_\_\_\_

## Reporter Information

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Report Completed: \_\_\_\_\_

**Documentation of Actions Taken Due to Incident or any Follow-Up Actions:**

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**Additional Comments:**

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