

# Incident Report Form

Staff's Name Reporting Incident: \_\_\_\_\_ Date: \_\_\_\_\_

1. Who was involved in the incident?

\_\_\_\_\_

2. Please describe the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did any injuries, illnesses occur as a result of incident? \_\_\_\_ YES \_\_\_\_ NO

If **YES**, please describe: \_\_\_\_\_

\_\_\_\_\_

Course of Action Taken: \_\_\_\_\_

\_\_\_\_\_

4. Location of incident: \_\_\_\_\_

5. When did the incident occur?

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM PM (Circle One)

6. Did anyone witness the incident? \_\_\_\_ YES \_\_\_\_ NO

If YES, please list names/position: \_\_\_\_\_

\_\_\_\_\_

7. Did you report the incident? \_\_\_\_ YES \_\_\_\_ NO

If **YES**, to whom did you report it to? *Parent* *Caregiver* (Circle One)

Other: \_\_\_\_\_

If **NO**, why did you not report it? \_\_\_\_\_

\_\_\_\_\_

**Staff's Signature:** \_\_\_\_\_ **Caregiver's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_