Incident Report for Clients

Name of Client: _____ **Date of Incident:** _____

Type of Incident:

- ☐ Behaviour of Concern
- ☐ Medication
- ☐ Accident/Injury/Illness
- ☐ Property Damage
- ☐ Critical
- ☐ Other _____

Time of Incident: _____ **People Involved:** _____

Describe the Incident (Who, What, Where, When, Why, How):

Action Taken/ Employee Follow Up:

Name of Reporter	Signature Below (Requires Actual Signature)	Date

Was the Guardian Contacted? Yes ☐ No ☐ N/A ☐ If Yes, by whom:

Form must be completed by hand from this point on

Team Manager Follow Up:

Name of Reporter: _____ **Signature:** _____ **Date:** _____

Coordinator Follow Up:

Name of Reporter: _____ **Signature:** _____ **Date:** _____

Other / Additional Follow Up:

Name of Reporter: _____ **Signature:** _____ **Date:** _____

☐ **Program Director/** ☐ **Executive Director** **Signature:** _____ **Date:** _____