



INCIDENT REPORT

Incident Report Form

Complete a separate form for each individual involved in the incident, within 3 days of the incident occurring.

Remember that failure to report an incident could result in someone else being put at risk in the future. This form should be used for each occasion of:

- Injury
- Aggressive behavior
- Verbal abuse
- Destruction of equipment or property (or threats of)
- Physical assault (or threats of)

Name of person completing the form: _____

Position title: _____

Date of incident : _____

Time: _____ am/pm

Location of incident: _____

Names of all persons involved: _____

Were the individual(s) involved:

- A participant
- A friend/relative of a participant
- A volunteer
- A staff member
- A person unknown to any staff members
- Other _____

Were any injuries sustained? Yes No

If yes, name of injured person: _____

Details of injuries: _____

First aid or treatment: _____

Was any property or equipment damaged? Yes No

If yes, details of damage: _____



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Description of incident: _____

What action was taken: _____

Follow up action required: _____

Signed: _____

Date: _____

Received: _____

Date: _____