

INCIDENT REPORT

LICENSE #: _____

CLIENT NAME: _____

STAFF MEMBER NAME: _____

OTHERS INVOLVED: _____

DATE: _____ TIME: _____ LOCATION: _____

WITNESSES: _____

WHAT HAPPENED? (BE SPECIFIC)

INJURY, DAMAGE CAUSED:

STAFF ACTIONS:

FOLLOW-UP RECOMMEND:

CLIENT _____ DATE _____

STAFF MEMBER _____ DATE _____

SUPERVISOR _____ DATE _____

DIRECTOR _____ DATE _____