



Incident Report Form

Name: _____

Location: _____

Type of incident: _____

Injury: _____ Other (complaint, concern, injury of any type, which might need documentation): _____

Date of incident: _____ Any witnesses? Yes: _____ No: _____

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Please explain the situation/incident which took place (for an injury, also complete the bottom portion of form).

Resolution: _____

If injury, complete this section:

Date of injury: _____ How much time elapsed between injury and first aid? _____

What was the nature of the injury? _____

Name of person who provided first aid: _____

Type of first aid administered: _____

Disposition:

Continued activity _____ Sent to unit _____ Health center _____ hospital _____ Sent home _____

If hospital, how was injured party transported? Volunteer vehicle _____ Ambulance _____

Caregiver/Emergency Contact: was/were not notified _____ was/were notified _____

If notified, date and time of contact: _____

If not notified, why? _____

If there was equipment involved in the injury, why equipment and what condition was it in? _____

Additional information: _____

Report submitted by: _____

Date: _____ Telephone number: _____