

Incident Report

Complete incident report if injury to self, other, object or if restraint was used

Individual's Name:	
Provider Name at the time of the incident:	
Name and location of incident:	
Date of incident:	Time of incident:
Staff/Witness(es) involved in incident: 1) 2) 3) 4)	
TYPE OF INJURY:	
Medical/Injury	Social/Behavioral
<input type="checkbox"/> Injury to client <input type="checkbox"/> Medical emergency <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death to client <input type="checkbox"/> Seizure <input type="checkbox"/> Personal injury/accident <input type="checkbox"/> Other:	<input type="checkbox"/> Lost or missing person <input type="checkbox"/> Aggressive towards others <input type="checkbox"/> Severe self-injurious behaviors causing injury <input type="checkbox"/> Property damage <input type="checkbox"/> Unusual behaviors <input type="checkbox"/> Behavior Plan implementation <input type="checkbox"/> Other:
DESCRIBE INCIDENT THOROUGHLY. (What happened before, during, and after the incident. Include all known facts, causes of injury to person(s) or items, emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion. Factual information only.)	
What happened before the incident?	

What happened during the incident?

Was the Behavior Plan used?
Describe the procedure used:
Why was the procedure used?
Has this type of behavior occurred with this person before?
Measure to be taken or suggestions for preventing a re-occurrence of this incident:

Was parent notified, and if so who?
Was supervisor notified, and if so who?

Report written by: _____ Date completed: _____

Signature: _____

To be completed by supervisor

Supervisor Name: _____ Supervisor Signature: _____

Follow up action requested: _____

Follow up action completed: _____

Signatures:

Parent/Guardian:

Date:

Tutor:

Date:

Supervisor:

Date:

Other:

Date: