



# INCIDENT REPORT

The incident report should be completed as soon as possible after the incident occurs and should include as detailed a description of the situation as possible.

Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Injury/Incident

Incident Date \_\_\_\_\_ Incident Time \_\_\_\_\_

Incident Location \_\_\_\_\_ Event Title \_\_\_\_\_

Staff or Ministry Leader on Site at Time of Incident \_\_\_\_\_

What happened?

Why did it happen?

What action was taken?

Contacted Family/Caregiver(s)  Yes  No

If Yes, Family/Caregiver Response

Next Steps

Staff or Ministry Leader's Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_