Incident Report Form Template

MATP INCIDENT REPORT

**NAME OF INVOLVED PERSON**

**ADDRESS**

**PHONE**

**AGE**

**SEX**

**DATE & TIME OF INCIDENT**

**LOCATION**

**WAS ILLNESS OR INJURY INVOLVED** (if yes, describe below)?

**DESCRIPTION OF INCIDENT** (Please include names of individuals involved, nature of the incident, if injury or illness give name of physician/hospital used, names & addresses of witnesses, and narrative of what occurred)

**FINAL MATP DISPOSITION** (how you intend to handle the incident, any next steps required, or likely outcomes)

**PRINT NAME OF PERSON SUBMITTING REPORT**

**SIGNATURE OF PERSON SUBMITTING REPORT**

**DATE OF REPORT DATE FORWARDED TO DPW/OMAP/MATP**

(PLEASE USE ADDITIONAL PAGES IF NEEDED)