Incident Report Form

Staff’s Name Reporting Incident: Date:

1. Who was involved in the incident?
2. Please describe the incident:
3. Did any injuries, illnesses occur as a result of incident? YES NO

If **YES**, please describe:

Course of Action Taken:

1. Location of incident:
2. When did the incident occur?

Date: / / Time: AM PM (Circle One)

1. Did anyone witness the incident? YES NO

If YES, please list names/position:

1. Did you report the incident? YES NO

If **YES**, to whom did you report it to? *Parent Caregiver* (Circle One)

Other:

If **NO**, why did you not report it?

**Staff’s Signature: Caregiver’s Signature:**

**Supervisor’s Signature:**