



— ALL ABOUT — SPEECH & LANGUAGE

Incident Report Procedure

An incident report form should be completed immediately after a near miss, unexpected, incident you have awareness of, or adverse events has occurred. This ensures that involved individuals or witnesses can recall the details of the occurrence with clarity to complete the report form accurately.

This report form should be utilized in the following circumstances:

- Client Injured
- Therapist Injured
- Parent/Caregiver Injured
- 3rd Party: Other Licensed Professional, Graduate/Student Observer Injured

Once completed and signed by all parties, please give form to your CM.

CM will give to FD. FD will scan and give back to CM.

CM will then review, communicate to upper management, and file with HR.



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INCIDENT REPORT FORM

Date of incident: _____

Time: _____ AM/PM

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____

Who was injured? - _____

Type of injury: _____

Details of incident: _____

Injury requires physician/hospital visit? Yes _____ No _____

Name of physician/hospital: _____

Physician Address: _____

Physician/hospital phone number: _____

*No medical attention was desired and/or required.

Signature of injured party/Guardian Date

Signature of injured party/Guardian Date

Return this form within 24 hours of incident.