**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.

# **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