

Incident Report Form

Injury

If reporting suspected abuse, please use the back of this sheet.

Name of injured person: _____

Age: _____ male female

Parent / guardian of minor child: _____

Name of person filing report: _____

Job description / title: _____

Witnesses: _____

About the Injury

Date accident occurred: _____ Time: _____ am/pm

Date accident reported: _____ Time: _____ am/pm

Where accident occurred: _____

Describe how the accident occurred: _____

What part of the body was injured: _____

Describe injuries in detail: _____

Was any first aid given? If so, please describe: _____

Was medical attention sought? yes no Date: _____ Time: _____

Name of doctor / hospital: _____

Administrative Board Review

Can anything be done (or should anything have been done) to prevent this type of accident? If so, please describe on the back of this sheet.

Signature: _____ Date: _____

Does our insurance company need to be notified? yes no

Suspected Abuse / Neglect

To be reviewed by the Abuse Prevention Team within 24 hours of the incident.
Note: This does **not** satisfy your legal reporting obligations.

Name of person filing report: _____

Job description / title: _____

Name of alleged victim: _____

Age: _____ male female

Parent / guardian of minor child: _____

Description of the circumstances (when it occurred, location, time, people present): _____

Description of the incident (who, what, when, where, witnesses): _____

If reasonable suspicion of child abuse exists, when was Children's Protective Services notified? _____

Caller's name: _____

Caller's signature: _____

Other action taken, if any: _____

Prevention / Notes
