

Main Office - Belleville

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APPENDIX I: SAMPLE INCIDENT REPORT FORM

Incident Report			
Date:	Time	ə:	
Incident Type:			
Person (s) Involved:			
Name:	_Age:	Gender:	
Address:			
If under 18 years, Parent or Guardian and Relationship: Name: Address: Phone: (H) (W) (Cell)			
Witnesses: Name 1 2 3 4			
Describe exactly what happened and nature of injuries:			
In the case of accident or injury, detail type of first aid given and by whom:			
If outside help was called, who responded: Ambulance: Police: Taxi: Signature of Staff completing form:			

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