

APPENDIX I: SAMPLE INCIDENT REPORT FORM

Incident Report

Date: _____ Time: _____

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	Phone #	Address
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: _____