

Incident/Accident Report Form

Date: _____

Staff/Volunteer: _____

This form is to be filled out by the Staff/volunteer and submitted to Supervisor as soon as possible (no later than 48 hours) after an incident occurs.

Incidents that must be reported are:

- Accidents to staff/volunteer or client
- Damage to possessions of staff/volunteer or clients
- A situation that seems unusual or dangerous to the client or staff/volunteer

Program: _____

Individuals involved in incident:	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date and time incident took place: _____

Location of incident: _____

In your own words describe the incident. What steps did you take to deal with the incident?

Staff/Volunteer

Date

Supervisor

Date