INCIDENT INFORMATION

Date of Incident Time of Incident

Person Reporting Job Title

Phone Email

Specific location of incident

Program Participant(s) involved

Witness(es)

Staff involved

INCIDENT TYPE- select all that apply

(Select all that apply)

* + Abuse or neglect
	+ Behavioral problem
	+ Conflict
	+ Exposure to Hazardous Material
	+ Illness
	+ Injury
	+ Medical emergency
	+ Missing person
	+ Other complaint
	+ Safety/Security concern
	+ Other type: (describe)

INCIDENT DESCRIPTION (if more room is needed, use an additional page)

ACTIONS TAKEN- what actions were taken by staff or others to address the incident?

NOTIFICATION-who was notified about the incident?

Parent/Guardian contacted? yes / no Name Date/time

Method of communication (circle) in-person phone call email text

Other notification (circle) IDHW Police /911 Compliance other:

Other notification(s) date/time