

AARP Tax-Aide

INCIDENT REPORT

DATE OF INCIDENT: TIME: AM ☐ PM ☐ STATE/SPLIT-STATE

TAX SITE NAME: SIDN:
SITE ADDRESS: CITY: STATE: ZIP:
CONTACT INFORMATION at SITE (LC?):
PHONE NUMBERS OF PERSONS INVOLVED:
COUNSELOR(S): CLIENT(S):

Name and Title of all parties (including client) involved:

- 1.
- 2.
- 3.
4. If additional, note on the back or below as needed.

Details of the Incident (use additional space if needed):

Were local authorities contacted? Yes ☐ No ☐ Not applicable ☐

If YES, Name and phone number of authority contacted:
Police report number:

Names of medical providers and contact information, if applicable (ex. in an accident):

Signature of Site Leader: _____ Date: _____

Signature of taxpayer (if applicable): _____ Date: _____

Return this form to the State Coordinator within 24 hours of the incident. Electronic forms can be submitted without signature through the chain of command.

Website for the public: www.aarp.org/taxaide
Website for volunteers (Extranet): www.aarp.org/tavolunteers

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Annually!*

AARPSM
FOUNDATION