INCIDENT REPORT

TODAY'S DATE_____

Participant Name _____ Program _____

Particpant Address _____

Location of Incident _____ Incident Date _____ ☐Su ☐M ☐T ☐W ☐Th ☐F ☐Sa

Time of Incident (☐am ☐pm) _____

Type of Incident ☐ Behavior problem _____ Others Involved: _____

☐ Injury / Medical _____

☐ Meds _____ Others Present: _____

☐ Other

What was taking place just prior to the incident? _____

Description of Incident: _____

Immediate Action Taken: _____

NOTIFICATION:

Supervisor:		Date:		Time:
Guardian:		Date:		Time:
DDD Resource Manager:		Date:		Time:
Other:		Date:		Time:
Other:		Date:		Time:
Other:		Date:		Time:

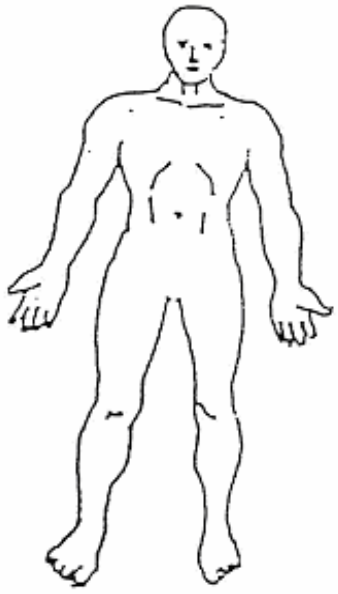
Signature: _____ Title: _____
(of person writing report)

Date: _____

All reports must be completed in Ink, Signed and Dated.

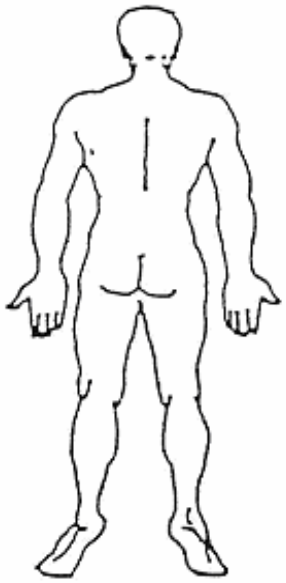
(Please turn page and complete, if physical injury occurred.)

INCIDENT REPORT



Name _____

Staff initial _____



Name _____

Staff initial _____

Other Information:
(describe location, size, etc.)

Supervisor's Follow-up: _____

Supervisor's Signature: _____

Copy of Report sent to DDD Field Services Office: ☐ YES ☐ NO

Date _____ To Whom: _____

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(Please turn page and complete, if physical injury occurred.)