Incident Report

Agency Name:		Date:	
Report Submitted by:		Phone Number:	
Location of Incident		Date of Incident:	
Who was Involved			
Name (s)			
Address:	City:	State:	Zip:
Phone Number:	Email Address:		
Witness			
Name (s):			
Address:	City:	State:	Zip:
Phone Number:	Email Address:		
General Incident Information			
Type of Incident	☐ Injury/Accident	☐ Violence/Threat of Violence	
	☐ Theft	☐ Destruction of Property	
Other (please describe):			
Was First Aid Given?	☐ Yes	☐ No	
Hospital Treatment?	☐ Yes	☐ No	
Law Enforcement or EMS involved?	☐ Yes	☐ No	
Name:		Phone Number:	
Additional Information--Please Print			
Brief Description of What Happened			
Follow Up Actions			
Conclusion			
Documents Attached: (e.g. Police Reports, photos, complaint forms)			
Signature of person reporting:		Date:	