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**Template Incident Reporting Form**

Date of Incident:

Time of Incident:

Resident's Name(s):

Other Residents Involved:

Other persons (visitors/staff) involved/witnesses:

Nature of Incident:

[ ] Overdose

[ ] Sexual Assault

[ ] Physical Assault

[ ] Harassment

[ ] Serious Resident Injury

[ ] Resident Death

[ ] Serious Visitor Injury

[ ] Visitor Death

[ ] Emergency Response Called (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ] Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Location of Incident:

Description of Incident:[Include a detailed description of the incident, including who was involved, what happened, when it occurred, and any relevant details.]

Immediate Actions Taken:[Include any actions taken immediately following the incident, such as administering first aid, calling 911, or notifying the supervisor or manager.]

Emergency Response Personnel (if applicable):

Name of Responding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responding Officer/Paramedic Name (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report/Incident Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional resources provided to individuals involved: (Document any additional referrals made, such as assisting with reporting crimes to appropriate authorities, victim support hotlines, referrals for additional services or supports, etc.)

Supervisor Notified:

[ ] Yes (Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ] No

Date and Time Supervisor Notified:

Additional Comments or Information:[Include any other relevant information or comments that may be important for the incident investigation and follow-up.]

Completed By (Staff Member):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by Supervisor/Manager)**

Additional Follow-up(To be completed by supervisor): After review of the incident, the following has been determined necessary to prevent future incidents: (Attach any additional action plans and summaries of follow up)

I have reviewed this incident and the subsequent follow up actions.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_