

# Incident Report Form

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM  PM

## Facility Information

Facility: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Personal Data—Injured Party/Involved Party

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Family Contact (Name and Phone number): \_\_\_\_\_

## Incident Data

Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Did an injury occur? Yes  No

If yes, describe the type of injury: \_\_\_\_\_

## Witnesses

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness description of incident: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness description of incident: \_\_\_\_\_