Incident Report Form
(Please print clearly)

Date of incident: ________________  Time of incident: ________________

Name of child/youth involved: __________________________________________
(A separate form should be completed for each child involved in order to keep the information confidential.)

Parent/Guardian Name: ________________________________________________
Contact Information: ________________________________________________

Location of incident: _________________________________________________

Name(s) of person(s) who witnessed or has/have knowledge of the incident:

Name: ___________________________  Phone #: ____________________________
__ Staff/Supervisor  __ Volunteer  __ Participant  __ Other

Name: ___________________________  Phone #: ____________________________
__ Staff/Supervisor  __ Volunteer  __ Participant  __ Other

Details of incident and actions taken (continue on other side if needed):
____________________________________________________________________
____________________________________________________________________

Any additional relevant information (continue on other side if needed):
____________________________________________________________________
____________________________________________________________________

Print Name: ___________________________  Phone: _________________________

Signature: ___________________________  Date: ___________________________

Please complete the form within 48 hours of the incident and return it to the staff person responsible for the program. (This form may be used to report any suspicion of abuse or neglect as well as an incident.)