

INCIDENT REPORT FORM

To be completed by Board of Directors and/or employee within 12 hours of incident/accident

Incident Date		Incident Time	AM/PM
Nature of Incident (e.g. vandalism, robbery, abuse, etc.)			
Location of Incident (Address)			
Injured Person Name		Gender (<i>Optional</i>)	
Date of Birth of Injured Person		Phone #	

Details of Incident:

Incident reported to Police?	Yes	No	If yes, case #	
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Conclusion:

Report Prepared by (Name):

Signature:

Date: