Incident Report Form

Use this form to report accidents, injuries, medical situations, or behavior incidents. This report must be completed within 24 hours of the event. Submit completed forms to mshaw@helpfulhandscare.com

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
☐ Client	☐ Caregiver	☐ Visitor	☐ Other
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified ☐ Yes ☐ No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)		
Were there any witnesses to the incident? ☐ Yes ☐ No If yes, attach separate sheet with names, addresses, and phone numbers.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? ☐ Yes ☐ No ☐ Refused If yes, where was treatment provided: ☐ on site ☐ Urgent Care ☐ Emergency Room ☐ Other Who provided the medical treatment? ☐ Caregiver ☐ Family Member ☐ Other _____		

REPORTER INFORMATION
Individual Submitting Report (print name)
Signature
Date Report Completed

FOR OFFICE USE ONLY

Report Received by _____ Date _____

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom