

# INCIDENT REPORT

(for use on other than injury matters)

PRINT CLEARLY - BE SPECIFIC AND PROVIDE AS MUCH DETAIL AS POSSIBLE

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

STAFF MEMBER(S) INVOLVED: \_\_\_\_\_

CHECK ONE OF THE FOLLOWING:

RESIDENT \_\_\_\_\_ OR GUEST \_\_\_\_\_ OR NON-RESIDENT \_\_\_\_\_

\_\_\_\_\_  
Name ID#

\_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE NUMBER CELL PHONE NUMBER

IF A GUEST OR NON-RESIDENT, NOTE NAME OF RESPONSIBLE RESIDENT BELOW:

\_\_\_\_\_  
Name ID#

\_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE NUMBER CELL PHONE NUMBER

DESCRIBE INCIDENT IN DETAIL (BOTH STAFF ACTION AND THE INCIDENT ITSELF):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUGGESTED FOLLOW-UP:

\_\_\_\_\_

MANAGER'S INITIALS: \_\_\_\_\_