

Incident Report Form



Purpose

The Incident Report Form is used to track every occurrence of an incident, or an occurrence of an accident.

Definition

“Incident” is a circumstance serious enough to require immediate attention to a client, volunteer, or staff member. Incidents can occur because of a client, volunteer, or staff member’s actions, or instead in the presence of a client, volunteer, or staff member. This can include breaking boundaries or rules, failing to follow instructions, accidents, near-accidents or any occurrence that is problematic.

Date of Incident:	
Time of Incident:	
Location:	
Staff Involved:	
Clients/Volunteers Involved:	
Summary of Initial Incident:	
Immediate Action Taken:	
To whom the incident was reported (police, 911, CPS, Supervisor, etc)	
For workplace injuries (non-emergency): If the workplace injury requires medical attention, a Staff Supervisor must immediately notify the injured staff/volunteer/client that they must seek medical attention with Medi-Center in order to receive any reimbursement from CAH.	Did a staff member call: (616) 392-5222 (Holland Medi-Center, 335 120th Ave, Holland, MI 49424) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did the injured client/volunteer/staff choose to seek medical attention at the Holland MediCenter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Need for Further Action:	

Staff Signature/Date

Client Sig/Date (if applicable)

Witness Sig/Date (if applicable)

Supervisor Sig/Date (when reviewed)

Please submit completed incident report forms to immediate Staff Supervisor and Chief Operating Officer