

# INCIDENT REPORT FORM

(Confidential)

Employee/Volunteer Reporter \_\_\_\_\_

Today's Date: \_\_\_\_\_ Time report written: \_\_\_\_\_

Type of Incident (check one of the following)

Child injury

Property Damage

Physical aggression by minor

Verbal Aggression by minor

Sexually acting out behavior by minor

Allegation of Abuse by minor

Parental Complaint

Other \_\_\_\_\_

Date and time of incident: \_\_\_\_\_  
date time

Other employees/volunteers present at time of incident: \_\_\_\_\_

Incident being reported including names and ages of minors and names of adults:

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

(Continue on back if necessary)

_____ Name of Reporter	_____ Signature of Reporter	_____ Position	_____ Date
_____ Name of Program Director	_____ Signature of Program Director	_____ Position	_____ Date
_____ Name of Center Director	_____ Signature of Center Director	_____ Position	_____ Date

1. This form should be completed by employee/volunteer reporting the incident as soon as possible on the day the incident occurs.
2. The form must be reviewed and signed by 2 levels of administration within 24 hours of completion of this report.
3. The Program Director needs to inform the youth's parent immediately
4. A copy of this form needs to be placed in the file of each youth (or volunteer) that was involved in the incident.
5. The original of this form needs to be placed in the appropriate file for Incident Report Forms.