

St. Joseph Center for Special Learning, Inc.

INCIDENT REPORT

Date of Report: _____

Time of Incident: _____

Date of Incident: _____

Location of Incident: _____

(bathroom, hall, program area, etc.)

Name of Client: _____

Last

First

Middle

Phone: _____

BSU Number : _____

Describe in detail exactly what happened and any circumstances which may have precipitated the accident, incident or unusual incident: (attach additional sheets if necessary)

Description of any injury:

Physician's name and statement (if applicable)-Include treatment and follow-up action:

Action Taken by staff:

Other pertinent information:

Recommendations to prevent reoccurrence of accident:

Witness to accident/incident/unusual incident (signatures if possible)

Was a HCSIS report filed on-line concerning this incident?

No Yes Date: _____ Time: _____

Relative or Guardian notified: _____

Relationship: _____ Phone: _____

Typed/Printed name of person reporting, including title

Signature of person reporting