



DATE:
CLIENT:
REPORTING STAFF:
NAME:

CLIENT FILE NUMBER:

POSITION:

PRE-INCIDENT CIRCUMSTANCES: (describe location, time, who was present, and circumstances leading up to the incident)

REPORT OF INCIDENT: (concisely describe / carefully document details)

ACTION TAKEN: (follow-up: reporting to supervisor, contact with emergency or support services, ensuring client safety – include times and dates)

SIGNATURE: _____ **DATE:** _____

REVIEWED BY: _____ **DATE:** _____

COMMENTS: _____