

Volunteers of America Chesapeake & Carolinas

Incident Report Form

PART I - INCIDENT

1. Name 2. Date of Incident 3. Time

4. Names of Witnesses 5. Unit / Room:

6. Place of Incident

7. Type of Incident (Verbal Altercation, Fight, Injury, Emergency, etc.)

8. Specific Description of Incident: (Indicate Date and Time Staff Became Aware of Incident)

(Attach additional sheets if necessary.)

9. Signature of Reporting Employee 10. Name and Title (printed) 11. Date and Time

12. Incident Report Delivered to the Program Director

Yes No

PART II - INVESTIGATION / FOLLOW UP

13. Resident's Statement and Attitude

14. Other Facts About the Incident

15. Investigator's Comments and Conclusions

16. Action Recommended and/or Taken

Signature

Title

Date
