

# INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, or behaviour incidents. Incidents involving a crime or traffic incident should be reported directly to the office.) If possible, the report should be completed within 24 hours of the events. Submit completed forms to the office.

## INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Participant  Employee  Visitor

Phone Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

## INFORMATION ABOUT THE INCIDENT

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Police Notified  Yes  No

Location of Incident: \_\_\_\_\_  
\_\_\_\_\_

Description of Incident (what happened, how it happened, factors leading to the event, etc)  
Be as specific as possible (attached additional sheets if necessary)

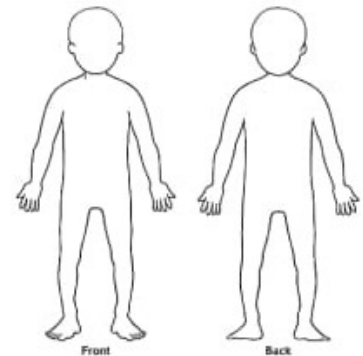
\_\_\_\_\_

Were there any witnesses to the incident?  Yes  No

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Was the individual injured? If so, describe the injury (laceration, sprain, etc) the part of the body injured, and any other information known about the resulting injury(ies).

\_\_\_\_\_



Was medical treatment provided?  Yes  No  Refused

If yes, where was treatment provided?  On site  Emergency Room  Other

Does the person involved wish to notify someone  Yes  No

If yes: Name \_\_\_\_\_ Contact Number \_\_\_\_\_

## REPORTER INFORMATION

Individual Submitting Report: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

## OFFICE USE

Report Received By: \_\_\_\_\_ Date: \_\_\_\_\_