

**PROGRAM INCIDENT REPORT FORM**

**Instructions**

Complete all information as soon as possible (within 24 hours) of **any** incident. An incident is defined as any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of someone. Examples include abuse, neglect, exploitation, injury, missing person, death, medical emergency, suicide, or attempted suicide, etc. If there are any witnesses, obtain a statement from each individual indicating his/her recollection of the incident. Upon completion of this form, forward a copy to The Director of Environmental Health and Safety.

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Involved: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  Minor  Counselor  Visitor  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Person Involved: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  Minor  Counselor  Visitor  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Person Involved: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  Minor  Counselor  Visitor  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Counselor/Reporting Party: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

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

Detailed Description of Incident: (Use separate sheets as necessary. Include a diagram if possible)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was injured party participating in any activity at the time of injury?  Yes  No

If "yes," describe activity: \_\_\_\_\_  
Identify any equipment involved, if any: \_\_\_\_\_

Did Citadel Public Safety Respond?  Yes  No  
If Yes: Officer Responding: \_\_\_\_\_  
Incident Report Number: \_\_\_\_\_

Did Anyone Receive Medical Attention?  Yes  No  
If Yes: Where: \_\_\_\_\_  
Transport Provided By: \_\_\_\_\_

Was any other action taken by the counselor? \_\_\_\_\_

Were parents notified?  Yes  No  
If yes: Method of Notification:  Writing  Phone  Other(Describe: \_\_\_\_\_)  
By Whom: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent's Response: \_\_\_\_\_

Witness(es) (Please note the name and contact information for any witnesses to the incident.):  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Reporting Individual: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)