



Incident Report Form

This is a confidential report and should not be made a part of an employee's personal record. It is completed to allow us to obtain advice from legal counsel and for the protection of ABC Boarding and its employees from potential liability.

Overview	
Classification of incident: <input type="checkbox"/> Death <input type="checkbox"/> Serious injury <input type="checkbox"/> Serious illness <input type="checkbox"/> Dangerous incident	Overview of incident:
Person involved in the incident	
Full name:	Home address:
Phone number:	Email address:
Date of birth:	Job title:
<input type="checkbox"/> Visitor/Client	<input type="checkbox"/> Employee
Incident details	
Date of incident:	Time of incident:
Address of incident:	Specific location of incident:
Description of incident: <i>What happened, how it happened and factors leading up to the incident.</i>	
Illness or injury: <i>Detailed description of injury or illness, including type of injury, part(s) of the body affected, symptoms of illness or any other information about the injury or illness.</i>	
Treatment: <i>Detailed description of any first aid administered and details of where the person has been taken for further treatment.</i>	
Did someone provide first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First aider name:	First aider phone number:
Did someone witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness name:	Witness phone number:
Planned action	
Planned recurrence prevention; <i>Description of the action taken, or being planned, to prevent the recurrence of the incident.</i>	
Reporter details	
Reporter name:	
Phone number:	Job title:
Signature:	Date report completed:
Office use only	
Report received by:	Date: