Incident Report: Make a copy of this report before filling it out, replace "MASTER" with your initials

1) Use this form to report any accidents, injuries, or medical situations
2) Go over it with the caregiver before obtaining the caregiver's signature (if applicable).
3) Report to the assigned supervisor about the incident and email a copy of this report to the assigned supervisor

Details of the Incident

Time	
Date of Incident	
Date of Report	

Name of the target person to which the incident occurred (first and last)	
Target Person's Role:	☐ Client ☐ Behavior technician ☐ Other: _____
List persons present:	
Name of Supervisor (CS or Clinical Case Manager)	

Describe the incident, injury, or medical situation if applicable (e.g., scraped knee, sprained ankle, pinky finger bleeding):
Description of the incident (State in detail what happened? How did it happen? How did you respond to the situation?)

***If additional space is required; go to page 2 of this mi document.**

Signatures	
Behavior Technician Name:	
Behavior Technician Signature:	

Date:	

Caregiver Name:	
Caregiver Signature:	
Date:	

Continuation from prompt #2 on page 1: Description of the incident (State in detail what happened? How did it happen? How did you respond to the situation?)