

CLIENT/VISITOR/VOLUNTEER ACCIDENT INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, or traffic incidents. If possible, a report should be completed within 24 hours of the event. Completed reports should be emailed to Jim McGoldrick at jmcgoldrick@hacap.org.

Date of Report: _____, 20____

PERSON INVOLVED

Full Name: _____ Address: _____

ROLE: CLIENT VOLUNTEER VISITOR

☐ Other: _____

Phone: (____) ____ - ____ E-Mail: _____

THE INCIDENT

Date of Incident: _____, 20____ Time: ____:____ ☐ AM ☐ PM

Location (ex. parking lot, bathroom, specific building room, etc.) : _____

Describe the Incident: _____

INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries: _____

WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info:

Witness Name: _____ Phone: _____ Email: _____

POLICE / MEDICAL SERVICES

Police Notified? ☐ Yes ☐ No Ambulance Called? Yes No

If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided? ☐ On site ☐ Hospital ☐ Other: _____

PERSON FILING REPORT

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Report received by: _____ Date: _____, 20____

Follow-up action taken: _____

