

# 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 Jason Fisher at [jfisher@hacap.org](mailto:jfisher@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: \_\_\_\_\_

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## INJURIES

Was anyone injured?  Yes  No

If yes, describe the injuries: \_\_\_\_\_

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## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_