

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