

SAMPLE INCIDENT REPORT FORM

Reporting Agency:	Date & Time of Incident:
Location of Incident:	Name of Client:
Person, Title, and Contact Information Reporting:	Care Consultant:
Incident Type: <input type="checkbox"/> Injury- Client <input type="checkbox"/> Property Loss <input type="checkbox"/> HIPAA Violation / Privacy Breach <input type="checkbox"/> Injury-Provider Staff <input type="checkbox"/> Property Damage <input type="checkbox"/> Other- <i>briefly state incident type:</i> <input type="checkbox"/> Injury-Fall- Client <input type="checkbox"/> Property Theft <input type="checkbox"/> Health/Medical Event <input type="checkbox"/> Fiscal Incident (scams, <input type="checkbox"/> Other Health/Wellness credit card loss)	
Any other witnesses to the incident: <input type="checkbox"/> Yes (list names, titles, & contact information) <input type="checkbox"/> No	
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, what treatment and by which agency: Was EMS called: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at time of report If yes, was person transported: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at time of report If transported, where to:	
Required Notification(s): <i>Consider: law enforcement, SourcePoint staff; HHS (HIPAA); other impacted parties</i> Notification to outside organization/agency: <input type="checkbox"/> No <input type="checkbox"/> Yes (complete below) Organization/Agency Contacted: _____ Date of Contact: _____ Name of person contacted & contact information: <i>Include summary of contact on back</i>	
If property damage/loss/theft, name of owner/impacted party: Contact information: What was damaged/lost/stolen:	
Signature of person completing report	Date

Description of Incident

Explain what happened, factors leading to event, what the injury/health event was, witnesses to the incident, was there property damage as well, etc. Attach additional sheets if necessary.