



INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations or volunteer behavior incidents. Any crime, such as theft, or traffic incidents should be reported directly to the MDR Director or Operations. If possible, the report should be completed within 24 hours of the event and submitted to the MDR office.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Name			
Address		City	State Zip
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee		<input type="checkbox"/> Other
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified
Location of Incident		
Description of Incident (e.g., what happened, how it happened, weather conditions, factors leading up to the event, etc.) Be as specific as possible and attach additional sheets, if needed.		
Were there any witnesses? Y N If yes, attach separate sheet with names, addresses, phone numbers.		
Was the individual injured? Y N If yes, describe the injury (e.g., laceration, sprain, etc.), the part of the body injured, and any additional information known about the resulting injury or injuries.		
Was medical treatment provided? Y N Refused If yes, where was the treatment provided? On Site Urgent Care Emergency Room Other (Please explain)		

INFORMATION ABOUT PERSON REPORTING	
Name (Please print)	
Signature	Date Completed

FOR OFFICE USE

Report Received by _____ Date _____

Document any follow up action taken after the receipt of the incident report...

DATE	ACTION TAKEN	BY WHOM