

INCIDENT REPORT

This form will be filled out on the occasion of any conflict on the clinic premises. This includes outside the immediate counseling rooms and the outdoor grounds.

Date: _____

Time: _____

Person(s) involved: _____

Person filling out this report: _____

Position: _____

Location of incident (be specific): _____

Description or observation of incident (be objective):

Was it resolved? Yes No

Explain: _____

Was anyone injured? Yes No

If yes, describe who and how:

Were there any witnesses? Yes No

Name(s): _____

Please provide any other relevant information:

Signature of Observer: _____ Title: _____

Date: _____