

**INCIDENT REPORT**

**Customer Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**1. When did the incident happen?**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM/PM**

**2. Did you witness the incident** \_\_\_\_*yes* \_\_\_\_*no*  
**If no, when were you first told about the incident?** \_\_\_\_\_

**3. Type of Incident:**( examples include but are not limited to: breaking curfew, actual physical assault, threatened assault, dangerous behavior, disruptive behavior, sexual behavior, verbal abuse, death-client, alcohol/drug use – type of drug, drug/alcohol possible overdose, illness, injury requiring attention, possession of: illegal weapons- dangerous goods- illegal drugs/ drug equipment, property damage, property damage threatened, self harm attempted, self harm threatened, sexual harassment, theft/robbery) :

\_\_\_\_\_

**4. Where did the incident take place?**

\_\_\_\_\_

**5. Give a brief factual account of the incident, including who was involved, how and when the incident occurred, the immediate response of staff, and reaction of the customer.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Who was notified of the incident?** \_\_\_\_\_

**7. What actions have been taken?** (to be completed by shelter manager) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Completing Form** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Shelter Manager** \_\_\_\_\_ **Date** \_\_\_\_\_