

Incident Report Form

FSC / Crisis

Housing Site: _____ **Service Month:** _____
Case/Participant Name: _____ **CalWORKs Case #:** _____

Staff: _____ Program/Project: _____
 Staff: _____ Program/Project: _____
 Staff: _____ Program/Project: _____
 Staff: _____ Program/Project: _____
 Report Date: _____ Time: _____

Were participants involved in anyway: Yes: _____ No: _____

Incident location: _____

Where were you when the incident/accident occurred?

Were you or your team member involved in the incident? Yes: _____ No: _____

Type of incident (check all that apply):

Adult Abuse or Neglect		Threat of Violence		Property Damage		Vehicle Accident		Other	
Child Abuse or Neglect		Domestic Violence		Property Lost		Mental Health Crisis		Other	
Client Assaulted		Staff Assaulted		Property Stolen		Other		Other	

Describe persons directly involved:

Witness(s) information:

	Name:	Address:	Phone:
1)			
2)			
3)			
4)			

Additional information for this page:

Incident Report Form

Police contacted? Yes: _____ No: _____
Was a police report filed/taken? Yes: _____ No: _____
Report filed on: Date: _____ Time: _____
Report available on: Date: _____ Time: _____

Anyone require medical attention: Yes: _____ No: _____
Was an ambulance called: Yes: _____ No: _____
Anyone taken to the hospital: Yes: _____ No: _____
Describe: _____

Vehicle(s) involved/observed:
 License plate: _____ Make: _____ Driver: _____
 Model: _____ Year: _____ Passenger: _____
 Color: _____ Body Type: _____ VIN #: _____
 Other information regarding vehicle(s): _____

Incident reported to LAHSA staff: Yes: _____ No: _____
 Reported to: _____ Date: _____ Time: _____

Notified by (check all that apply):

In person		By phone		In writing		Email		Other	
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Information on client(s) involved:
 Name: _____ Contact number: _____
 Name: _____ Contact number: _____
 Name: _____ Contact number: _____
 Name: _____ Contact number: _____

General description of incident/behavior/other information:

Resolution: (Use additional Pages if needed)

Prepared by: _____ **Date:** _____