



Incident/Accident Reporting Form

Use this form to report accidents, injuries, medical situations, or suspected fraud and abuse. Whenever possible, complete and submit the report promptly to your immediate supervisor. If a police report is involved, please attach a copy of it to this form at the time of submission.

Date of Incident/Accident:		
Time of Incident/Accident:		
Location of Incident/Accident:		
Person(s) Involved in Incident/Accident:		
Witness(es) to Incident/Accident (if applicable):		
Description of the Incident/Accident (use additional page(s) if necessary):		
	Were Police and/or First Responder(s) called? If so, who was called.	
Signature of Person reporting this incident/accident:		Date incident/accident is being reported: _____
FOR OFFICE USE ONLY:	Received by Department Supervisor: _____/Date: _____	
	Received & Reviewed by Executive Director: _____/Date: _____	