

# Incident Report

This form is to be filled out whenever there is an incident of inappropriate actions. Complete the form and submit it to the Risk Manager or President.

Name of person reporting the incident: \_\_\_\_\_

Name of person/s involved in the incident: \_\_\_\_\_

Names of Witnesses: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Incident:

Verbal

Physical

Property

1. Describe Incident: \_\_\_\_\_

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2. Immediate action taken: \_\_\_\_\_

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3. List any injury or property damage: \_\_\_\_\_

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Other action taken by the local Association:

\_\_\_\_\_  
(if additional space is needed, attach sheets to this form)