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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                                                                                     ____________________________________________
                                                                                     ____________________________________________
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2. Immediate action taken: _______________________________________________________
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                                                                                     ____________________________________________
                                                                                     ____________________________________________
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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)