



Incident Report

Document and follow up on incidents and near-misses

Incident Details

| Date | Time | Location |
|------|------|----------|
| | | |

| Client Name | Caregiver Reporting |
|-------------|---------------------|
| | |

Type of Incident

Category: Injury Behavioural Medication Property Near-miss Other

Description of Incident

Describe what happened, in factual sequence

Immediate Actions Taken

Actions, persons notified, outcome

Witnesses

| Name | Role | Phone |
|------|------|-------|
| | | |
| | | |
| | | |

Follow-up Plan



Prevention measures, training, or referrals

Signature

Printed Name

Date
