

Caregiver Incident Report

Today's Date:	Time:			
Employee Name:				
Client Name:				
Date of Incident:	Time of Incident:	Shift Start Time:		
Location of Incident:	(Physical Address)	(Area of Home)		
before and when the inc	ident took place, as well as the ch or tools involved, and/or special charact	ncluding what specific activity you were doing just ain of events leading up to the incident: teristics in the work environment contributing to the		
Was There Property Damage? □Yes □No If Yes, What Property or Equipment Was Damaged?				
Property or Equipment (Describe The Damage:	Owned By:			
Was There An Injury? ☐ Yes ☐N o If There Was An Injury, Describe What Part of the Client's Body Is Injured/ Hurt And In What Way: Examples: Sharp pain in right shoulder, bruised left knee, throbbing pain in left calf, etc				
Can You Think of Anything You Could Have Done Differently or How Possibly We Can Prevent This Incident From Happening Again?				
Who Did You Report This Incident To?				
When Did You First Report This Incident To Your Supervisor? Date: Time:				



Did the Caregiver Require/Seek Medical Attention?	L IES LINU	□ N/A, NO IIIJUI y			
Any Additional Information You Would Like to Add:					
I Certify That These Are True And Accurate Statements of My Incident/Injury That Occurred On:					
Signature of Employee:					
Date:					
Received By:	Jse Only				
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Signature:	Date/Time:				