

Client Incident Report Time:

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)		
In your words, describe fully how the incident happened, including what specific activity you were doing just before and when the incident took place, as well as the chain of events leading up to the incident: Note any objects, equipment, or tools involved, and/or special characteristics in the work environment contributing to the incident such as rugs on the floor.				
Was There Property Damage? □Yes □No If Yes, What Property or Equipment Was Damaged?				
Property or Equipment Owned By: Describe The Damage:				
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 Client Require/Seek Medical A	ttention? □Yes □No	□ N/A, No Injury		
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:				
	For Internal Use Only			
Received By:	1 of internal doc only			
Signature:	Date/Time:			