



Client Incident Report

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM

Client Information

Name: _____ Phone: _____ Email: _____
Address: _____ City/State/Zip: _____

Employee Information

Name: _____ Phone: _____ Email: _____
Address: _____ City/State/Zip: _____

Incident Details

Location of Incident: ☐ Kitchen ☐ Bathroom ☐ Bedroom ☐ Living Area

☐ Other – Specify: _____

Describe Incident: _____

Did the incident lead to injury?

☐ Yes ☐ No

Was first aid or medical attention required?

☐ Yes ☐ No If **yes**, answer questions below –

Who administered medical attention? _____

Describe injury & treatment: _____

Name of witnesses and/or other individuals involved: (for more witnesses, attach separate list)

Name: _____

Name: _____

Phone: _____

Phone: _____

Emergency contact notified:

Supervisor Notified:

Name: _____

Name: _____

Date/Time: _____ ☐ AM ☐ PM

Date/Time: _____ ☐ AM ☐ PM

Was incident preventable? ☐ Yes ☐ No If **yes**, please explain: _____

Employee Signature: _____ Date: _____