

GUILFORD COUNTY LOW RISK SHARED USE KITCHEN

Incident Report Template

Name and role of person completing this form:
Signature of person completing this form:
Date:

Incident

Date and time of incident:
Name/s of person/s involved in the incident:
Description of incident:

Witnesses (include contact details):

Reporting of the incident to Guilford County

Incident Reported to:	Date:
How (this form, in person, email, phone):	

Follow Up Action

Description of actions to be taken:
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