**Medical Assistant Incident Report**

### **1. Title: Medical Assistant Incident Report**

### **2. Basic Information**

* **Report ID**: [Unique Identifier]
* **Date of Incident**: [DD/MM/YYYY]
* **Time of Incident**: [HH:MM AM/PM]
* **Location of Incident**: [Department, Clinic, Office, etc.]

### **3. Medical Assistant Information**

* **Name of Medical Assistant**: [Full Name]
* **Employee ID**: [Employee Number]
* **Supervisor**: [Name of Supervisor]

### **4. Incident Description**

* **Type of Incident**: [Patient Injury, Mistake in Records, etc.]
* **Detailed Description**: [Describe the incident step-by-step.]

### **5. Corrective and Preventive Actions**

* **Corrective Actions**: [What was done to resolve the incident.]
* **Preventive Measures**: [Actions to avoid a repeat.]

### **6. Signatures**

* **Prepared by**: [Full Name, Title, Date, Signature]
* **Reviewed by**: [Supervisor Name, Title, Date, Signature]