

Incident Report Form

Name of Child/ Vulnerable Adult:	Name of staff member completing form:
Date of Birth/ Approximate Age:	
Date the incident took place:	
Time:	
Where did the incident take place:	
Who else was involved/witnessed the incident:	
Details- Please provide a statement of fact:	
Action taken:	Parents informed? Yes/No

Signature of staff member reporting incident: _____
 Signature of designated C.P. officer: _____
 Date: _____