**Incident Report Template**

Name of your organization here

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| **Documentation** | |
| Date of Incident | Youth Name |
| Time of Incident | Youth Age |
| Location | Reporting Staff |
| Incident Level  **Low | Medium | High** | |

1. **Detailed description of the Incident:**

What happened:

Who was involved:

Who was present that wasn’t involved:

Who was affected by the incident and how were they affect:

How did you respond:

1. **Were the police involved?**

**No Yes** If yes, File Number:

1. **Were emergency medical services involved?**

**No Yes**

1. **Outcome of incident/s:**
2. ***Required follow up actions:***

**Reporting Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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| ***Note: Please take this open access template and adjust it to your organization’s needs and specifications.*** |