**Incident Report Template**

Name of your organization here

**Date of incident:**

**Time of incident:**

**Location:**

**Youth/Age:**

**Staff Reporting:**

**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.*** |