**Non – Employee Incident Report Form**

Use this form to report accidents, injuries, medical situations, or behavior incidents. (Incidents involving a crime or traffic incident should be reported directly to the Law enforcement) If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Quality Management.

**INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT**

**Full Name**

**Home Address**

**Patient [ ] Visitor [ ] Vendor [ ]**

**Phone Numbers: Home Cell Work**

**Information About the incident**

**Date of Incident Time**

**Location**

**Description of incident: (what happened, How it happened, Factors leading to the event, etc) Be as specific as possible** (attached additional sheets if necessary)

Were there any witnesses to the incident?  Yes  No

If yes, attach separate sheet with names, addresses, and phone numbers

Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury (ies).

Was medical treatment provided?  Yes  No  Refused []

If yes, where was treatment provided:  on site  Urgent Care  Emergency Room  Other

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| **REPORTER INFORMATION** |
| Individual Submitting Report (print name) |
| Signature |
| Date Report Completed |