



INCEDENT REPORT

This form is to be filled out by the house manager or team leader and completed immediately after the incident. Forward the completed form to info@hardyandhardys.com.

****Date of Incident: **** _____ ****Time (24h):**** __:__

****Location (Room/Common Area): **** _____

****Reporting Person (Name & Contact): **** _____

****Role: **** _____ ****Relationship to Resident(s):**** _____

****1) Incident Details (Describe what happened clearly and objectively) ****

- Date of occurrence (if different from report date): __/__/__

- People involved: _____ (including ages if relevant)

- Behavior/Action: _____

- Immediate actions taken (first aid, separation, containment): _____

- Property or safety impact: _____

****2) People Involved (Individual Incident Records for Each Person)****

- **Resident A (Name):** _____ **Room:** ____ **Injuries/Health Issues:**

- Action Taken: _____ **Witnesses:** _____

- **Resident B (Name):** _____ **Room:** ____ **Injuries/Health Issues:**

- Action Taken: _____ **Witnesses:** _____

- **Resident C (Name):** _____ **Room:** ____ **Injuries/Health Issues:**

- Action Taken: _____ **Witnesses:** _____

- **Resident D (Name):** _____ **Room:** ____ **Injuries/Health Issues:**

- Action Taken: _____ **Witnesses:** _____

- **Resident E (Name):** _____ **Room:** ____ **Injuries/Health Issues:**

- Action Taken: _____ **Witnesses:** _____

- **Resident F (Name):** _____ **Room:** ____ **Injuries/Health Issues:**

- Action Taken: _____ **Witnesses:** _____

3) Safety and Property Impact

- Fire/Smoke/Other Hazards Observed: _____

- Doors/Windows/Locks Status: _____

- Personal Property Damaged: _____

- Immediate Safety Measures Implemented: _____

- Ongoing Safety Concerns: _____

****4) Medical Attention & Documentation****

- Was medical care sought? Yes No If Yes, where: _____

- First Aid Provided? Yes No By Whom: _____

- Time of Medical Contact: __:__ (if applicable)

- Medical Report/Record Attached? Yes No

****5) Witnesses (Names & Contact Information)****

- Witness 1: _____ Contact: _____

- Witness 2: _____ Contact: _____

- Additional notes: _____

****6) Immediate Corrective/Preventive Actions****

- Short-term: _____

- Medium-term: _____

- Long-term (policy/building changes): _____

****7) Follow-Up Required (Check all that apply) ****

- Incident reviewed with residents

- Incident reviewed with house manager/supervisor
- Safety audit or inspection scheduled
- Repairs or replacements requested
- Counseling or support offered to involved parties
- Notification to property owner/agent or authorities (specify): _____

****8) Sign-Off (House Manager / Team Leader Completing Form)****

- Name: _____ Date: __/__/____
- Signature: _____ Role/Relation: _____

****9) For Office/Manager Use Only****

- Incident Number: _____
- Report Status: Open Closed Under Investigation
- Actions Taken/Notes: _____

****Submission Instructions: ****

- **Forward the completed form to: info@hardyandhardys.com**
- **Include any supporting documents or photos as attachments.**
