



### INCIDENT REPORT

Report all incidents within 12hrs of occurrence. If an area of this form does not apply write N/A in the section. Use a second page for the description, if necessary.

\_\_\_\_\_  
**Individual's Last Name:** \_\_\_\_\_ **First Name** \_\_\_\_\_

\_\_\_\_\_  
**Individual's:** \_\_\_\_\_ **Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Place of Incident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Called:** \_\_\_\_\_ **Date Notified:** \_\_\_\_\_

**Behaviorist Called:** \_\_\_\_\_ **Date Notified:** \_\_\_\_\_

**Describe the incident in detail:** \_\_\_\_\_

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**Report Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit to: [Click Here to Submit](#)

**Action taken by Supervisor:** \_\_\_\_\_

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**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Incident Committee Review Date:** \_\_\_\_\_

**Committee Recommendations:** \_\_\_\_\_

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\_\_\_\_\_