

Incident Report Form

To be completed by staff immediately after the incident occurs

Contact Information

Reported By: _____ Phone Number: _____

Staff Member at Facility Reported to: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Email: _____ Phone Number: _____

Incident Information

Please state the facts of Who, What, Where, When, Why and How the incident occurred.

Who was involved?

- Therapy Dog Team
- Facility Staff
- Client/Patient
- Volunteer
- Other: _____ Name of person(s) and/or dog(s) involved in incident:

Complete the following section *only* if an injury occurred:

Was first aid given? Yes ___ No ___ UK___ If yes, who administered first aid? _____

Did the person/animal resume their activities following the incident? Yes ___ No ___ UK___

Was further medical treatment required? Yes ___ No ___ UK___

Did the person need to consult with a doctor? Yes ___ No ___ UK___

Witness Information

Name: _____ Phone: _____

Comments:

**This form should be sent within 8 hours to Michelle Kelly-Thompson at
lccincident@humanservicescenter.net.**