KindCare
Incident Report Form

Incident Report Form			
The person involved in the incident:			
Name:			
Address:			
Contact #:			
Client ☐	**Staff** ☐	**Visitor** ☐	**Other** ☐
Incident information			
Date:		**Time**		**Location:**	
Police notified: **Yes** ☐ **No** ☐	Ambulance notified: **Yes** ☐ **No** ☐	Fire brigade notified: **Yes** ☐ **No** ☐	
Incident description:			
Were there any witnesses to the incident?	**Yes** ☐ **No** ☐		
Was the individual injured?	**Yes** ☐ **No** ☐		
Injury description:			

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Was first aid/medical treatment provided?	**Yes** ☐ **No** ☐		
Where was the treatment provided:	**Yes** ☐ **No** ☐		
Incident Action Taken			
Date:	**Action taken:**	**Name:**	
Reporter information			
I hereby declare that the information provided in this incident report form is accurate to the best of my knowledge and belief.			
First name:		Surname:	
Date:		Signature	
Office use only:			
Report received by:		Date:	

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