



Incident Report: Children's Room

Reported By Staff Member(s): _____ Date/Time of Incident: _____

Child(ren) Involved:

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Parent/Guardian/Caregiver:

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Telephone: _____

Telephone: _____

Staff/Witness Present:

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Telephone: _____

Telephone: _____

Where Incident Occurred:



Incident Description (including events leading to or immediately following):

Describe Action Taken:

Describe Police Involvement, if any:

Police Report # (if applicable): _____

Name of Hospital, if person was taken to one: _____

Additional Comments: _____

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Staff Member Filing Report: _____ Date: _____

Staff Observations:

Staff Signature: _____