**Incident Report Template**

Reported by: Phone Number:

 Date / / Time am/pm Incident report No:

**Incident**

Description of incident in detail (Specify if injury was sustained)

Incident location

Time and date of incident: Date: / / Time am/pm

Witnesses

Follow up Recommendations

Date submitted to manager: Date: / / Time am/pm

 **Action Taken**

Describe immediate action taken in response to the incident

Do you think the victim will require further care or support? Yes/ No

Name: Position:

Signature:

Date: / /