Incident Investigation Report

Instructions: This form shall be completed to report when a patient/client/citizen has had an incident while on County Property.

Person completing Report:	Date:
Person(s) involved in incident	
Name:	Date of Birth:
Address:	Phone Number:
Name:	Date of Birth:
Address:	Phone Number:

*If additional person(s) involved, attach additional sheet.

Date of incident:	Time of incident:
Names of witnesses (if any):	
Location of incident:	
Describe the event(s):	
Describe any injuries sustained from this incident: Was a doctor seen about this injury? Yes No	

Personal Statement **Name:** _____

Signature: _____ **Date:** _____