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### INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, tutor behavior incidents, or learner behavior incidents. The report should be completed within 24 hours of the event, if possible. Submit completed forms to the email address: [admin@readottawa.org](mailto:admin@readottawa.org).

CONTACT INFORMATION	
Full Name:	
Home Address:	
Board Member	Employee
Learner	Tutor
Volunteer	
Phone Number:	Email Address (if applicable):

INFORMATION ABOUT THE INCIDENT	
Date of Incident:	Time: ____:____ A.M./P.M.      Police Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident:	Was an incident report filed by the above location: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Incident (who was involved, what happened, how it happened, factors leading to the event, etc.) Be as specific as possible. Attach additional sheets if necessary.	
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a separate sheet with names, addresses, and phone numbers.	
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of the body injured, and any other information known about the resulting injury(ies).	
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was the treatment provided:	



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REPORTER INFORMATION
Individual Submitting Report (print name):
Signature:
Date Report Completed:
Was this form completed with help? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, what is their name, address, and phone number:

**FOR BOARD OR EXECUTIVE DIRECTOR USE ONLY**

Report Received by \_\_\_\_\_ Date \_\_\_\_\_

**FOR BOARD OR EXECUTIVE DIRECTOR USE ONLY**

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom