# Youth Program Incident Report Form

## INCIDENT INFORMATION
- **Date of Incident**: [ ]
- **Time of Incident**: [ ]
- **Person Reporting**: [ ]
- **Job Title**: [ ]
- **Phone**: [ ]
- **Email**: [ ]
- **Location of incident** (circle one below):
  - on / off UW property
- **Specific location** (list below):
  - [ ]
- **Program Participant(s) involved**: [ ]
- **Witness(es)**: [ ]
- **Staff involved**: [ ]

## INCIDENT TYPE - select all that apply
(Select all that apply)
- Abuse or neglect
- Behavioral problem
- Conflict
- Exposure to Hazardous Material
- Illness
- Injury
- Medical emergency
- Missing person
- Other complaint
- Rights violations
- Safety/Security concern
- Other type: (describe)

## INCIDENT DESCRIPTION - what happened? use objective, fact-based language

## ACTIONS TAKEN - what actions were taken by staff or others to address the incident?

## NOTIFICATION - who was notified about the incident?
- **Parent/Guardian contacted?** yes / no
  - **Name**: [ ]
  - **Date/time**: [ ]
- **Method of communication (circle)**:
  - in-person
  - phone call
  - email
  - text
- **Other notification (circle)**:
  - CPS
  - EH&S
  - Police /911
  - Risk Services
  - SafeCampus
  - other:
- **Other notification(s) date/time**: [ ]
- **OARS report submitted** yes / no

Submit this report to [ ] [insert name of program director or other representative] [ ]