



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)	Specific location (list below)
on / off UW property	
Program Participant(s) involved	
Witness(es)	
Staff involved	

INCIDENT TYPE- select all that apply
(Select all that apply)
<ul style="list-style-type: none"> <input type="radio"/> Abuse or neglect <input type="radio"/> Behavioral problem <input type="radio"/> Conflict <input type="radio"/> Exposure to Hazardous Material <input type="radio"/> Illness <input type="radio"/> Injury <input type="radio"/> Medical emergency <input type="radio"/> Missing person <input type="radio"/> Other complaint <input type="radio"/> Rights violations <input type="radio"/> Safety/Security concern <input type="radio"/> 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?
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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] ____