Youth Program Incident Report Form

INCIDENT INFORMATION
Date/Time of Incident:
Person Reporting:
Job Title:
Phone:
Email:
Location of incident: [ ] On UW property [ ] Off UW property
Specific location:
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
If yes: Name:
   Date/time:
   Method of communication: [ ] In-person [ ] Phone call [ ] Email [ ] Text
   Other notification: [ ] CPS [ ] EH&S [ ] Police/911 [ ] Risk Services [ ] SafeCampus [ ] Other:
   Other notifications date/time:
OARS report submitted?: [ ] Yes [ ] No

Submit this report to: __________________________