



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)

- | | |
|---|--|
| <input type="checkbox"/> Abuse or neglect | <input type="checkbox"/> Medical emergency |
| <input type="checkbox"/> Behavioral problem | <input type="checkbox"/> Missing person |
| <input type="checkbox"/> Conflict | <input type="checkbox"/> Other complaint |
| <input type="checkbox"/> Exposure to Hazardous Material | <input type="checkbox"/> Rights violations |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Safety/Security concern |
| <input type="checkbox"/> Injury | <input type="checkbox"/> 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: _____