

**APPENDIX G**  
Policy #505  
Incident Report

Date of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_  
(ie: Medical emergency, physical injury, behaviour)

Brief description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of staff involved: \_\_\_\_\_

Names of any other parties involved: \_\_\_\_\_

Action taken at time of incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further action required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Reporter \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_ Date Signed \_\_\_\_\_

Reviewed May 14, 2022