**INCIDENT REPORT**

(Please **do not** use this form if an injury occurs to the child requiring first aid or medical treatment. Use the “Record of Injury Report” form for that purpose.)

This form is to be completed by the Service Provider and reviewed by the Program Director for reporting non-injury related incidents: theft of staff property, alleged abuse, damage of personal property, unsafe situation or illegal activity in the home or community site, etc. Copy to: Parent/Guardian, NYC BEI Regional Office, Ongoing Service Coordinator and Child’s record.)

Child’s Name: DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ EI#:

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident:

Location of incident:

Description of incident as per Provider:

Account of incident by a witness to the incident (include name/address/phone number):

Name/address/phone number of Provider at the time of the incident:

Action Taken (Check all that apply):

NYS Central Register of Child Abuse & Maltreatment called (800-635-1522)

911/Police Called

Program Director Notified

Parent Notified

OSC Notified

Other:

**Form Completed By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Name Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Form Reviewed By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Name Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_