WINDSOR
HEALTHCARE RECRUITMENT

Incident Report Form

Instructions: Reports should be written in a specific, objective and factual manner. An incident is any happening or event which is not consistent with the routine operation of a service or routine standards of care for any patient. It involves circumstances that can be identified as an (un)forseeable risk and/or a potential liability. Events should be listed in chronological order and include follow-up. This report is classified as confidential. The incident must be documented completely and submitted within 24 hours of when the incident occurred or when the incident is identified. Please write "n/a" (non-applicable) if a block does not apply to your situation or event.

Date of Incident:	Time of Incident:	Day of Week	Date of Report

Name of Person Involved:	Client / Staff / Other
1. _____ 2. _____ 3. _____	

Facility Name:	Location of Incident:	Facility Address:

Check all the Apply:	
☐ Alleged Criminal Act/Theft ☐ Unsafe Road or Other Conditions ☐ Fire/Life Safety ☐ Staff or Visitor Injury ☐ Falls ☐ Car Accident	☐ Property/Equipment Damage ☐ Security Breach ☐ Confidentiality Concern/violation ☐ Vehicle Malfunction ☐ Workplace violence
☐ Other – Please Specify:	

Description/Details of Incident:
Immediate Action(s) Taken

Follow-up Action Taken or Recommendations to Reduce Potential for Re-occurrence:
Please copy and distribute to all of the following: ☐ Immediate Supervisor (specify):_____ ☐ CEO

Signature of Staff Member Completing Form:	Print Name:	Job Title: