

Sample Incident Report

Incident: Date _____ Time _____ Place _____

Person completing report _____

Victim description

Name: _____

____ Age ____ Gender

____ Stranger

____ Visitor

____ Personal relation

____ Employee

____ Co-worker

____ Supervisor

____ Patient

Medical record number _____

____ Other

If other, describe: _____

Supervisor: Has supervisor been notified? Yes ____ No ____

Describe the incident. _____

____ Verbal threat, intimidation

____ Physical threat/gesture

____ Physical assault

Did the assault involve a firearm? If so, describe. _____

Did the assault involve another weapon (not a firearm)? If so, describe. _____

Was the victim injured? If yes, please describe _____

What happened prior to the event? _____

What events triggered the incident? _____

Assailant description

Name: _____

___ Age ___ Gender

___ Stranger

___ Visitor

___ Personal relation

___ Employee

___ Co-worker

___ Supervisor

___ Patient

Medical record number _____

___ Other

If other, describe: _____

Please identify any risk factors applicable to this incident.

___ Alcohol

___ Illicit drugs

___ Mental illness

___ Grief reaction

___ Violent history

___ Organic illness

___ Delays

___ Trauma related

___ Other

If other, describe: _____

Other risk factor: _____

Other risk factor: _____

What steps could be taken to avoid a similar incident in the future? _____

Interventions

___ De-escalation

___ Physical restraint

___ Chemical restraint

___ Arrested

___ Evicted

Security: Not involved ___ Present ___ Notified _____

Response time _____

Police: Not involved ___ Present ___ Notified _____

Response time _____