Incident Reporting Form

Overview

Use this form to report any incident involving a SHICK volunteer, including:

- Injury to the volunteer, client, or program participant
- Accidents, including motor vehicle accidents
- Property damage, including damage to equipment
- Lost possessions, files, or equipment
- Abuse of a beneficiary or other individual
- Harassment and offensive remarks
- Error in judgment

General Information

Sponsoring organization name: ____________________________________________________________

SHICK Coordinator: _________________________________________________________________

Address: __________________________________________________________________________

Telephone number: __________________________ Email: ________________________________

Information about the Affected Person or Organization

Check one:
☐ Volunteer    ☐ Beneficiary/Client    ☐ Program participant    ☐ Paid staff    ☐ Other

Affected party’s name: ______________________________________________________________

Address: __________________________________________________________________________

Telephone number: __________________________ Email: ________________________________
Information about the Volunteer (if not the affected party)

Volunteer’s name: ____________________________________________________________

Address: ___________________________________________________________________

Telephone number: ___________________________ Email: _________________________

Information about the Incident

Check all that apply:
☐ Injury ☐ Accident ☐ Property damage ☐ Lost possession
☐ Abuse ☐ Offensive remark ☐ Harassment ☐ Error
☐ Other (please describe) ______________________________________________________

Date of the incident: ___________________ Time of the incident: ___________________

Location of the incident: _______________________________________________________

Describe what happened, how it happened, factors leading up to the incident, what was said or observed (attach separate sheet, if necessary):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Witness name: ___________________________ Telephone number: __________________

Address: ___________________________________________________________________

Witness name: ___________________________ Telephone number: __________________

Address: ___________________________________________________________________

Name of physician consulted (if applicable): ________________________________
Telephone number: __________________________

Name of hospital or clinic (if applicable): ________________________________

Address: __________________________________________________________________

Telephone number: __________________________

Was incident reported to the police? □ Yes  □ No

Police contact (if applicable): _______________________________________________

**Incident Reporter Information**

Reporter’s name: __________________________________________________________________

Reporter’s title (if applicable): __________________________________________________________________

Signature: __________________________ Date: __________________________