



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: _____