

A COUNSELING CENTER, P.C.: Incident Report

Date and Time of Incident _____

Exact Location of Incident _____

Last Name _____

First Name _____

Middle Initial _____

Social Security # _____

TYPE: Client Employee Visitor Other

DESCRIPTION OF INCIDENT: More On Back

- Aggressive acts _____
- Acts of intimidation _____
- Threats _____
- Serious outbursts _____
- Complaints from clients _____
- Complaints from staff _____
- Complaints from community _____
- Destruction of agency property _____
- Destruction of client's property _____
- Destruction of personal property _____
- Destruction of public or private property _____
- Injuries inflicted on clients _____
- Injuries inflicted on public _____
- Injuries inflicted on self _____
- Injuries inflicted on staff _____
- Police visits _____
- Police arrests _____
- Witnesses (name, address, phone) _____

DESCRIPTION OF RESULTS: More On Back

- Abrasions (where on body) _____
- Hematoma (where on body) _____
- Burns (where on body) _____
- Lacerations (where on body) _____
- Self-mutilation (where on body) _____
- Received first aid (who, when, where) _____
- Received medical treatment (who, when, where) _____
- Court appearances (for, when) _____
- Legal charges (for, when) _____
- Hospitalizations (taken by, when, where) _____
- Family notified (who, when) _____
- Psychiatrist notified (who, when) _____
- Counselor notified (who, when) _____

ANALYSIS OF INCIDENT: More On Back

What was the client's condition before the event? _____
What caused the incident? _____

Title and Signature of Person Preparing Report _____

Date Signed _____

Director's Signature _____

Date Signed _____