INCIDENT REPORT

INSTRUCTIONS FOR COMPLETION: Please complete all relevant parts in full and to the best of your ability. Please return to Management as soon as possible following the incident. If there is insufficient space, provide details on a separate page.

INCIDENT BASICS::

Property:	Incident Reported By:
Date & Time of Incident:	Date & Time Reported:
Exact Location:	

PART 1: INJURY OR ABUSE DETAILS:

Name of Injured Person:	
Address:	
Telephone Number:	
Existing Impairments:	
At time of incident, were goods being carried?	☐ No ☐ Yes If Yes, details of goods:

NATURE OF INJURY - Please tick in appropriate box:

☐ Fracture	☐ Sprain	☐ Bruising	☐ Burns / Scalds
☐ Dislocation	☐ Unconscious	☐ Superficial	☐ Laceration

If Other, describe:______________________________

PART OF BODY INJURED - Please tick in appropriate box:

☐ Head & Neck	☐ Eyes & Features	☐ Back & Trunk	☐ Feet & Toes
☐ Arms & Wrist	☐ Heads & Fingers	☐ Leg & Ankle	☐ Other

If Other, describe:______________________________

NATURE OF ABUSE

☐ Threats	☐ Physical	☐ Sexual	☐ Psychological	☐ Neglect	☐ Abandonment

If Other, describe:______________________________

INJURY OR ABUSE DETAILS CONTINUED:

SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT (by injured party)

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DESCRIPTION OF INCIDENT (by injured party)

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PART 3: PROPERTY DAMAGE:

Item(s) or property damaged:			
☐ **Flooring** Describe:	☐ **Walls** Describe:	☐ **Ceilings** Describe:	☐ **Trim** Describe:
☐ **Drapery** Describe:	☐ **Window** Describe:	☐ **Door** Describe:	☐ **Appliance** Describe:
☐ **Plumbing fixtures** Describe:	☐ **Electrical Fixtures** Describe:	☐ **Roofing** Describe:	☐ **Siding** Describe:
☐ **Landscaping** Describe:	☐ **Fencing** Describe:	☐ **Trees & Shrubs** Describe:	☐ **Equipment** Describe:
☐ **Personal Items,** If yes, describe:			
☐ **Other,** If yes, describe:			
Photos submitted with application? ☐ Yes ☐ No			
Photos taken by whom:			

SEQUENCE OF EVENTS LEADING UP TO PROPERTY DAMAGE:

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PART 4: NOISE COMPLAINTS

Date and time of noise:	Duration of noise:	Description of noise:	Did you communicate with the person causing noise?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Additional comments if necessary:

PART 5: SERVICES INVOLVED

SERVICE INVOLVED:	ADDRESS:	NAME OF EMPLOYEE(S) INVOLVED:	CONTACT NUMBER(S):	CASE, FILE OR REPORT NUMBER, if applicable:
☐ Police Department				
☐ Hospital				
☐ Fire Department				
☐ Social Services				
☐ Bylaw Enforcement				
☐ Contractor				
☐ Other				

Additional comments if necessary:

PART 6: CULPABILITY

☐ No-Fault Incident (i.e. nobody is responsible)	☐ At-Fault Incident (i.e. somebody is responsible)
☐ Incident culpability is unknown	☐ Incident culpability is to be determined at a later date
Name of party responsible (if applicable):	
Contact number of party responsible (if known)	
Insurance details of party responsible (if known):	

Additional comments if necessary:

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PART 7: WITNESS DETAILS

Witness Statement attached with Application? ☐ Yes ☐ No	
Name of witness to incident:	
Address of witness:	
Contact No of witness:	
Type of witness:	☐ Eye witness (witnessed the incident) ☐ Circumstantial (witnessed the events leading up to or following the incident)
Relationship to injured person (if more than one witness, please provide details):	

DECLARATION:

I / We declare that the contents of this Incident Report are true and accurate.

Name	Signature
Name	Signature
Name	Signature