

1651 Needmore Rd.
Dayton, OH 45414
(937) 898-2220

Date of incident _____ Time of incident _____

Client(s) involved _____

Witness(es) _____

Address _____

City _____ County _____ DOB _____

Detailed description of incident (use initials only) _____

Injury type and location _____

Signature and Title

Date

Verbal Notification
Date _____ Time _____

Date Report
Sent _____

Supervisor _____

Program Director _____

Executive Director _____

Physician _____

Investigative Services _____

Service & Support Admin. _____

Police Dept. – Officer: _____

Emergency Medical Technicians
Hospital Transported to _____

Parents and/or Guardian _____

Children’s Services _____

Alleged Perpetrator _____ Relationship _____
(PPI)

Immediate action to ensure health and safety _____

Administrative follow-up _____

Signature and title

Date