

## Appendix F: DECE Incident Report Form (Page 1 of 2)

Use this form to report serious accidents, injuries, medical situations, or behavior incidents. Incidents involving a crime or traffic incident should be reported directly to the police. If possible, the report should be completed within 24 hours of the event. Submit completed form by scanning and sending to your Region Director via email. For extreme incidents, send form and contact your Region Director immediately.

INFORMATION ABOUT ADULT PERSON INVOLVED IN THE INCIDENT			
Full Name:			
Classroom Name:			
<input type="checkbox"/> Program Employee Name: _____ _____	<input type="checkbox"/> Partner Organization Employee Name: _____ _____	<input type="checkbox"/> Visitor/Volunteer Name: _____ _____	<input type="checkbox"/> Vendor Name: _____ _____
INFORMATION ABOUT THE INCIDENT			
Date of Incident:	Time:	Parent Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident:			
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attach additional sheets if necessary)			
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses and phone numbers. Was there media coverage of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the media outlet and attach news clipping if available.			
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of the body injured, and any other information known about the resulting injury(ies).			
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided? <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other			
REPORTER INFORMATION			
Individual Submitting Report (print name):			
Signature:			
Date Report Submitted:			



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**FOR DECE OFFICE USE ONLY**

Report Received By \_\_\_\_\_ Date \_\_\_\_\_  
(Region Director Signature)

**\*Region Director should forward a signed copy to the OSR Director.**

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom

