

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

Complete and submit the electronic version of the form shown below at <https://laserfiche.alabama.gov/Forms/ADECE-IRF> 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 submitted within 24 hours of the incident. For extreme incidents, 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
		Police Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DHHS Notified?	<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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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