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Comox Valley & Campbell River, BC

Incident Report

Document and follow up on incidents and near-misses

Incident Details

Date | **Time** | **Location**

Client Name | **Caregiver Reporting**

Type of Incident

Category: [ ] Injury [ ] Behavioural [ ] Medication [ ] Property [ ] Near-miss [ ] Other

Description of Incident

Describe what happened, in factual sequence

Immediate Actions Taken

Actions, persons notified, outcome

Witnesses

Name	Role	Phone

Follow-up Plan

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Prevention measures, training, or referrals

Signature	Printed Name	Date