East Wellington Community Services
Workplace Incident Report Form

Use this form to report accidents, injuries, medical situations, and other incidents described below that occur within EWCS property or program areas. If possible this report should be completed within 24 hours of the event. Submit completed forms to be reviewed and signed by Program Manager.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name:			
Home Address:			
DOB:		Sex:	
☐ Employee	☐ Client	☐ Visitor	☐ Volunteer
Phone Numbers:	Home:	Cell:	Work:

CHECK ALL THAT APPLY TO EVENT	
☐ Medical emergency ☐ Death (unexpected) ☐ Disease outbreak occurrence ☐ Medication error ☐ Fire/explosion ☐ Slip/fall ☐ Injury ☐ Hospitalization (unexpected)	☐ Motor vehicle injury ☐ property missing/damaged ☐ Neglect ☐ Sexual abuse ☐ Aggressive behavior i.e. verbal, physical or written ☐ Financial abuse ☐ Other, please specify_____

INFORMATION ABOUT INCIDENT		
Date of Incident:	Time:	
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 witness to the incident?	☐ Yes	☐ No
Name:	Phone:	

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HELP LOCALLY – GIVE LOCALLY

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Emergency contact notified:	☐ Yes	☐ No	☐ At incident	
Name:	Phone:			
Was First-Aid administered or Required?	☐ Yes	☐ No	☐ Refused	
If Yes: ☐ On site	☐ Urgent care	☐ Emergency room	☐ other	

REPORTER INFORMATION
Individual Submitting Report (print name):
Signature
Date Report Completed:

This portion of the incident report is for management/office use **ONLY**.

MANAGER/SUPERVISOR REPORT		
Has the full team been debriefed on the incident?	☐ Yes	☐ No, it's confidential
Learning outcomes (What did the team learn from this incident?):		
Intervention/Plan (next steps, new strategies, etc):		
Manager Submitting Report (print name):		
Signature	Date:	

CEO/OFFICE REVIEW	
By signing this form, the CEO/main office confirms the report has been reviewed and discussed directly with the reporting manager.	
Name (print):	
Signature	Date: