



CLIENT INCIDENT REPORT

Employee: _____ Occupation: _____
Address: _____ Phone: _____
Client Name: _____ Phone: _____
Address: _____

Location where incident occurred: _____
Date of Incident: _____ Time of Incident: _____

INCIDENT DESCRIPTION (please give as much detail as possible, including body part affected, description of item damaged, etc.)

DESCRIBE WHAT HAPPENED (please give us as much detail as possible including, what events led up to it, what caused it, was there any equipment, tools, or substances involved, was client brought to hospital (if so which hospital?))

Liaison Supervisor Incident Reported to Date:

Employee Signature Date Liaison Supervisor Date

For office use only

Liaison Supervisor: Please complete items below, and then provide a copy to appropriate Case Manager or RN and a copy to GeminiCares's main office.

Case Manager: _____ Date Copy Distributed: _____

RN: _____ Date Copy Distributed: _____