

### Incident Report

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Foster Home Name: \_\_\_\_\_

Address: \_\_\_\_\_

Referring County: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

List people involved in incident: \_\_\_\_\_

Type of Incident:  Self Injury / Accident  Aggression towards other  Aggression towards self  
 AWOL  Severe Temper Tantrum  Destruction of Property  Stealing

Detailed Description of Incident (complete on back if necessary):

Outcome of Incident (consequences, medical treatment, corrective action plan):

Agency Staff Contacted: \_\_\_\_\_ Date / Time of Contact: \_\_\_\_\_

Custodial Person Contacted: \_\_\_\_\_ Date / Time of Contact: \_\_\_\_\_

Police / Sheriff Contacted: \_\_\_\_\_ Date / Time of Contact: \_\_\_\_\_

If medical incident, condition of individual: \_\_\_\_\_

Hospital / Physician used: \_\_\_\_\_

\_\_\_\_\_  
Keepings Kids Safe,, Caseworker Date

\_\_\_\_\_  
Keepings Kids Safe, Supervisor Date