



Incident Report

Name of Child: _____

Date & Time: _____

Type of Incident: Behavioral

Witness (if any): _____

Caregiver Name: _____

Describe the situation:

Corrective action taken: _____

Was the parent contacted? Yes No How? _____

Name of parent: _____

Who spoke with the parent? _____

Time parent was contacted: _____

Additional comments:

Provider signature: _____ Date: _____