



**GUIDING  
HANDS**  
COALITION LLC

# INCIDENT REPORT

REPORTED BY: \_\_\_\_\_ CLIENT: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_ CASE MANAGER: \_\_\_\_\_

## INCIDENT INFORMATION

TYPE OF INCIDENT: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPECIFIC AREA OF LOCATION: \_\_\_\_\_

## **INCIDENT DESCRIPTION**

### NAME/ROLE/CONTACT OF PARTIES INVOLVED

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### NAME/ROLE/CONTACT OF WITNESSES

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

POLICE REPORT FILED? \_\_\_\_\_ PRECINCT: \_\_\_\_\_

REPORTING OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **FOLLOW UP ACTION**

SUPERVISOR  
NAME: \_\_\_\_\_

SUPERVISOR  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

