ARTS CORPS
INCIDENT REPORT FORM

Please use this form when filing an incident report for personal injury, property damage, bias, etc. If property damage, please take pictures. Scan this document and any relevant documents to humanresources@artscorps.org or the Program Manager.

INCIDENT INFORMATION

Incident Type: _____ Date of Incident: _____

Program/Event: _____ Time of Incident: _____

Location: _____

City: _____ State: _____ Zip Code: _____

Specific Location of Incident (room #, school space, etc.): _____

PERSONAL INJURY INFORMATION

Injured Person/Victim: _____ Age: _____

Name of Family Member Notified: _____ Phone Number: _____

Relationship to Person: _____

IF APPLICABLE...

Description of Care Provided: _____

_____

Professional Medical Treatment Required?: Yes: ☐ No: ☐ Emergency Services Called?: Yes: ☐ No: ☐

Hospital: _____

Ambulance/First Responder: _____

arts CORPS

INCIDENT DESCRIPTION

Name/Role of Individuals Involved:

1. _____
2. _____
3. _____

Witness Name/Contact:

1. _____
2. _____
3. _____

Reported By: _____ Date of Report: _____

Signature: _____

Injured Person/Victim: _____

Injured Person/Victim Signature: _____

Parent/Guardian Name (if under 18): _____ Relationship: _____

Parent/Guardian Signature (if under 18): _____