



## *Incident Report*

*Name of the person affected by this incident* \_\_\_\_\_

*Date of the incident* \_\_\_\_\_ *Time* \_\_\_\_\_ *AM or PM*

*Type of incident:*     *Client Fall*                       *Client Property Damage*

*Client Injury*

*Employee Injury*                       *Employee Property Damage*

*Describe the incident (Please Print)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Responsible person notified (Parent, spouse, etc)* \_\_\_\_\_

*Supervising RN Notified, if client incident* \_\_\_\_\_

*CareFree Management notified, if employee incident* \_\_\_\_\_

*Name of person completing form (Print)* \_\_\_\_\_

*Signature of person completing form* \_\_\_\_\_

***THIS FORM IS TO BE TURNED IN TO CAREFREE IMMEDIATELY!***