

INCIDENT REPORT

Provider Name: _____ **Brokerage Where Customer is Enrolled:** _____

Customer Name	Date of Incident	Time of Incident	a.m.	p.m.

DESCRIPTION OF ACCIDENT/INJURY/UNUSUAL INCIDENT

Record specific details including conditions prior to or leading to the incident, dates, places, names of customers/staff involved and witnesses to event:

STEPS TAKEN TO PROVIDE SUPPORT AND PREVENT RECURRENCE OF INCIDENT:

Independent Contractor Signature: _____

Date: _____

Sent to : Brokerage CDDP Support Specialist Family/Guardian Other