

OCJ Kids Incident Report

Please Type or Print

1. Name of Group Home

2. Date of Incident (mm/dd/yy)

3. Time of Incident

4. Location of Incident (No., Street, City, State, Zip)

5. Name of Child/Individual Involved

6. Describe Event or Incident:

(Include in detail what happened prior to, during, and after the incident. As applicable, include details of the child's mental and physical condition before, during, and after the incident. If any injuries occurred, describe the appearance and location of injuries)

Yes, additional pages attached

7. Signature of the person who prepared this report

Signature

Date

Name (printed)

Phone Number

Email

8. Copy of written report sent to (Include the date sent):

Agency Director

Date: (mm/dd/yy)

Return completed form to OCJ Kids at Shevaun@ocjkids.org

Within 24 hours of Incident

