

CLIENT INCIDENT REPORT FORM

Client Name: _____

Date of Incident: _____

Time of Incident: _____

Reporting Staff: _____

Witness: _____

TIME OF INCIDENT: _____

PLACE OF INCIDENT: _____

Incident description: _____

Medical attention necessary? Y N

BCBA notified? Y N

Office notified? Y N

Parent notified? Y N

If Yes, mode of notification? Phone call Note

Signature of Therapist: _____

Signature of Client (If Applicable): _____

Date: _____

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