

Unusual Occurrence Report
(Incidents/Accidents-Clients & Employees)

Name _____ Date _____

Employee _____ Client _____ (Check Correct Line)

Location of Incident: _____

Describe Incident: _____

Action Taken by Staff: _____

Result/Recommendation: _____

Comment/Intervention: _____

Action Taken by Administrative Staff: _____

Reviewed By: _____ Date _____

(Complete for each occurrence immediately and notify the Director)