

Incident Report

Report Date _____ Time _____ Child's Name: _____
Case #: _____

Sex: _____ Age: _____ DOB: _____

Foster Parent Name & address _____

When did you discover incident? _____ When did it happen? _____ Where did it happen?
(Date and Time) (Date and Time)

Children Involved _____ Others involved/present _____

Physical injury apparent? ___yes ___no Was medical attention needed? ___ yes ___no

Explain what happened:

Follow-up (Action taken by foster parent and/or staff):

Foster Parent Signature Date

Child's signature (if applicable)

Reporting Case Manger Date

Supervisor's Signature Date