



River Valley Child Development Services

Incident/Injury Report Form

Employee Client Vendor

This form must be completed within 12 hours of occurrence then sent to Human Resources within 24 hours

SECTION 1 (Complete this section for all incidents/injuries, including automobile.)

Name of person(s) involved: _____

If minor, name of parent/guardian: _____

Address: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Program Name: _____ Program Location: _____

Incident Report Form Completed By: _____ Date Completed: _____

Date of Incident: _____ Time: _____ AM PM Was there an Injury? Yes No

Did injury require treatment by a doctor? Yes No Was individual transported by ambulance? Yes No

Description of Incident/Injury: Explain in detail the location of the individual, what he/she was doing, other people, equipment, or objects involved, type of injury, (cut, bruise, break, sprain, strain) etc. Attach additional sheet if necessary.

Location of Incident: Home Lobby Office Training/Conference Room Storage/Supply Room Parking Lot
 Bathroom Classroom Playground Hallway Stairway Elevator Driving
 Other (specify) _____

Body Parts Injured: Eye (L R) Ear (L R) Nose Mouth Tooth Face Neck Back Head
 Trunk Arm/Wrist/Hand (L R) Leg/Ankle/Foot (L R) Other (specify) _____

List witnesses & their contact information: _____

Attach relevant pictures: Equipment Environment Vehicle Other

SECTION 2 (In addition to section 1, complete this section only if person involved is a RVCDS employee.)

Employee Position: _____

Physical location where incident/injury occurred: _____

Regular Work Hours: _____ AM PM to _____ AM PM

Time work began on day of incident/injury: _____ AM PM Time work ended: _____ AM PM

Did injury occur while performing regular job duties? Yes No If no, explain: _____

Do you anticipate being treated by a doctor? Yes No If yes, where? _____

Did you leave work as result of injury? Yes No

SECTION 3 (In addition to section 1 and 2, complete this section for moving violations and auto accidents.)



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Type of Violation, if any: _____

Was a police report completed: Yes No (If yes, attach copy of report.)

Signature of Person Completing the Form

Date

Human Resources

Date