SERIOUS INCIDENT REPORT

Type of Incident:
_____ Accident with injury
_____ Escape/Runaway
_____ Facility/Mechanical
_____ Assault/Fight/Use of Mace
_____ Stolen Property
_____ Break-In
_____ Vehicle Damage/Abuse
_____ Threat via Telephone/Mail
_____ Other-Specify_____

Report By: _____ Date: _____

Position: _____ Division: Youth Services

Location of Incident: _____

Date and Time of Incident: _____

Police Notified:
___ Yes (attach report)
___ No

Ambulance Notified:
___ Yes, because _____
___ No

Description of Incident:

Completed By: _____ Date: _____

Acknowledged: _____ Date: _____

Distribution Required within **24 hours** of Serious Incident to:
Executive Director
Deputy Director
Division Directors