

Sample Incident Report

Incident: Date _____ Time _____ Place _____

Person completing report _____

Victim description

Name: _____

____ Age _____ Gender _____

____ Stranger

____ Visitor

____ Personal relation

____ Employee

____ Co-worker

____ Supervisor

____ Patient

____ Medical record number _____

____ Other

If other, describe: _____

Supervisor: Has supervisor been notified? Yes _____ No _____

Describe the incident. _____

____ Verbal threat, intimidation

____ Physical threat/gesture

____ Physical assault

Did the assault involve a firearm? If so, describe. _____

Did the assault involve another weapon (not a firearm)? If so, describe. _____

Was the victim injured? If yes, please describe _____

What happened prior to the event? _____

What events triggered the incident? _____

(Continued)

Assailant description

Name: _____

____ Age ____ Gender

____ Stranger

____ Visitor

____ Personal relation

____ Employee

____ Co-worker

____ Supervisor

____ Patient

Medical record number _____

____ Other

If other, describe: _____

Please identify any risk factors applicable to this incident.

____ Alcohol

____ Illicit drugs

____ Mental illness

____ Grief reaction

____ Violent history

____ Organic illness

____ Delays

____ Trauma related

____ Other

If other, describe: _____

Other risk factor: _____

Other risk factor: _____

What steps could be taken to avoid a similar incident in the future? _____

Interventions

____ De-escalation

____ Physical restraint

____ Chemical restraint

____ Arrested

____ Evicted

Security: Not involved ____ Present ____ Notified ____

Response time _____

Police: Not involved ____ Present ____ Notified ____

Response time _____

Source: Tracy G. Sanson, MD, FACEP, Brandon (FL) Regional Medical Center.