

SERIOUS INCIDENT REPORT

Type of Incident: Accident with Injury Stolen Property
 Escape / Run-Away Break -In
 Facility / Mechanical / Fire Vehicle Damage / Abuse
 Assault / Fight / Use of Mace Threat via Telephone / Mail
 Other - Specify: _____

Reported By: _____ Date: _____
Position: _____ Division: Youth Services

Location of Incident: _____

Date and Time of Incident: _____

Police Notified: Yes (attach police report)
 No

Ambulance Notified: Yes, because: _____
 No

Description of Incident:

Completed By: _____ Date: _____

Acknowledged: _____ Date: _____
Division Director

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