



INCIDENT REPORT FOR RESIDENTIAL CARE FACILITY

Facility/Agency: _____ License #: _____

Resident' Name/Address: _____

Specific Rule/policy violated: _____

Behavior of the Juvenile: _____

Describe actions(s) taken by staff members: _____

What preventive actions(s) were taken? _____

Was active physical restraint used? If so, describe here: _____

Was passive physical restraint used? If so, describe here: _____

Names of witnesses: (File separate reports) _____

Physical evidence and or contraband: _____

Juvenile's account of the incident: _____

AM
PM

Juvenile's Signature verifying account of incident: _____

Signature of reporting staff member/date and time of report _____

If Juvenile refused to read or sign the report, please indicate here: _____

(Place in resident's file)
ADDITIONAL COMMENTS:

