



Incident Report Form

Youth's Name: _____ County: _____
Date of the Incident: _____ Time of the Incident: _____ AM ___ or PM ___
Foster Parent: _____ Home Supervisor: _____
County Case Worker: _____ Phone # _____
Was on-call Staff Notified? Yes _____ No _____ If yes, who: _____

Type of Incident (check all that apply)

Medical:

- Minor injury of youth (cuts, bruises, etc.)
- Minor injury of staff or Foster Parent (cuts, bruises, etc.)
- Medication Problem
- Use of alcohol/drugs (not requiring medical or emergency response)

Social/Legal:

- Legal Problems
- Police involvement without arrest
- Youth missing/ Runaway
- Property damage/ Theft (that is not reported)

Other:

- Excessive absenteeism from school
- Suicide ideation/attempt that does not require hospitalization or 72-hour hold
- Other: _____

Description of Incident: (specifically, who was involved, location, and time of incident)

Action Taken

Any Other Comments/Follow Up

Name of Reporting Party: _____

Signature: _____ Date of Report: _____

Copies to: County Caseworker/Maple Star Home Supervisor/Youth File: YES / NO