



AdvantagePlusCaregivers.com®

We're all about the Care!

INCIDENT / ACCIDENT / INJURY REPORT

PLEASE PRINT CLEARLY, BE THOROUGH, OBJECTIVE AND ACCURATE

Care Recipient: _____ Caregiver: _____

Type: Incident Accident Injury Conflict Loss of Property

Describe What Happened:

Where did it occur?

When did it occur?

What was the CR doing when it happened?

How did you become aware of it?

Observed it personally CR told me Family member told me
 Discovered evidence of it Third party

Further information on how you learned of it:

What did you do?

Notes / comments / additional info or other incidents observed or discovered today:

I declare that the facts stated above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____