

**SPECIAL INCIDENT REPORT** 
**FYI** 

Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_

Agency SW: \_\_\_\_\_

 Telephone:  
**(909)593-0089**  
**(800)859-6200**

Family Name:	Phone:
Address:	Email:

<i>Client(s) Involved:</i>	<i>Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Date Placed</i>	<i>Program</i>

<i>Incident:</i>	<i>Date</i>	<i>Time</i>	<i>Location (include address and phone number)</i>

Adult(s) present during incident:


**Type of incident (check as many as apply)**

<input type="checkbox"/>	AWOL	<input type="checkbox"/>	Suicide Attempt	<input type="checkbox"/>	Alleged Child Abuse	<input type="checkbox"/>	Staff Related Incident
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	School Incident	<input type="checkbox"/>	Injury/Illness	<input type="checkbox"/>	Sexually Related Incident
<input type="checkbox"/>	Physical Violence	<input type="checkbox"/>	Police Involvement	<input type="checkbox"/>	Doctor/Dentist Visit	<input type="checkbox"/>	Other:

Describe the incident (Include what happened, to whom, where, how and method of intervention):

Signature of person making this report: RP <input type="checkbox"/> FFASW <input type="checkbox"/>	Print Name	Date and Time

**FOR STAFF USE ONLY**

*Conclusion (Assessment of what happened and why):*

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Staff Social Worker's Signature

Print Name

Date and Time

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*Supervisor's Remarks (including administrative follow-up):*

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Supervisor's Signature

Print Name

Date and time

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<i>Distribution:</i>	<i>Name of Person Contacted</i>	<i>Telephoned (Date)</i>	<i>E-mail/Fax/Mail (Date)</i>
Parent(s)/Guardian			
County Worker			
Licensing			
Monitor			
Child Abuse Report			
Police Department Report No.			
Other/Track #			