Marshall County Group Homes, Inc.

MINOR INJURY/ ACCIDENT REPORT (Employee/Client Use)

Last Name **First Name** **Middle Name**

Address **City** **State** **Date of Birth**

Program: _____ Date of Incident: _____Time_____ a.m. or **p.m.**

Description of Incident and person (s) involved: If person involved was injured*, in detail - state part of body injuries and describe injury, its size and location*: _____

Where did the incident occur (describe location/place)? _____

If property or equipment was damaged, describe:_____

Give names, addresses, and phone numbers of any who witnessed the incident: _____

Was the physician called? Yes _____ No _____ Time _____ a.m. or p.m.

Did the physician respond? Yes _____ No _____ Time_____ a.m. or p.m.

Physician Recommendations: **_____**

Recommendations for prevention of similar occurrence: _____

Signature: _____ Date of report: _____

(person making report)

Reviewed by: _____

(Program Supervisor, Program Director or CEO)

Revised 12-2024