

Santa Clara County – Senior Nutrition Program
INCIDENT REPORT



COMPLETE IMMEDIATELY FOR EVERY INCIDENT AND SEND TO SNP ASSIGNED DIETITIAN

Site:	City:	
Name of Person Involved (Last, First):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Exact Location of Incident:	Date of Incident:	Time of Incident:
Incident Type (e.g. Disruptive Behavior, Physical Altercation, Injury, Medical Event, Theft, Equipment or Property Damage)		
Was 911 or police contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Emergency Contact notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there bodily injury, property or equipment damage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe in Incident Details below.</i>		
Incident Details – include any conditions or factors that may have contributed to this event:		
Witness Name(s) and Phone Number(s):		
Action(s) taken by Site Manager or Agency Representative:		
Was person involved issued restriction from participation (e.g. temporary suspension, permanently banned)? <input type="checkbox"/> Yes; specify restriction type and duration: _____ <input type="checkbox"/> No		
Report prepared by:		
Name: _____	Title: _____	
Signature: _____	Date: _____	

