

Incident Report Template

Instructions: This form should be completed *immediately* following the incident. This template may be utilized to document for mandatory reporting reasons or *any* incident which may result in a negative outcome. A report should be completed by the employee who: observed the incident, had the incident, or was the first one on the scene. Keep original at clinic site following medical record and HIPAA rules.

Identifying Information *(for the person the incident is concerning):*

MR # or Initials		DOB	
Gender at birth	Male Female Other Unknown	Not disclosed	
Identified Gender	Male Female Nonbinary Other	Unknown Not disclosed	
Preferred Pronouns	He/him/his She/her/hers They/them/theirs Ze/zir/zirs Something else (specify) _____		
Address			Phone number
Relationship to Clinic:	Patient Employee Volunteer	Other (specify) _____	

Report Information

Type of Incident:	Child abuse Assault Medication error HIPAA breach Product defect/recall Blood exposure Adverse medical outcome Other (specify) _____
Date(s) of time Incident	
Date and time of Report	
Reported by	
Agency* and Person Reported to	
Case number	
Other information (as applicable)	

**Agency may include but is not limited to Wyoming DFS, Law Enforcement, Agency Title X Program Director, Medical Director, Workers' Compensation, Pharmaceutical Company, etc.*

