

N.Y.C. DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT

INCIDENT REPORT FORM

All Incident Report Forms must be completed by the CBO & sent to DYCD within 24 hours.

If any requested information is not available at the time of submission of the written report, it must be submitted in writing as soon as it is available. Incomplete & Unsigned Forms will be returned to the contract agency for resubmission.

(PLEASE TYPE OR PRINT CLEARLY)

CONTRACTOR		Contract ID#	
Contract Agency:		Address:	
Telephone:	Executive Director:		
Incident Type: <input type="checkbox"/> Injury <input type="checkbox"/> Abuse <input type="checkbox"/> Property Loss <input type="checkbox"/> Other (Specify)			
Date of Incident:	Time:	Site Address:	

INJURIES (IF APPLICABLE)		
Name of injured:	Age:	Sex:
Name & address of parent (if injured is a minor):		
Telephone:		
Check one: <input type="checkbox"/> Program participant <input type="checkbox"/> Paid Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify)		
Activity:	Place:	
Number of Youth:	Total number of youth participating in activity:	
Total number of supervisors in activity:		
Description and cause:		
Nature and extent of injury:		
Action taken for injured (assistance & referral):		
What medical treatment, if any, did the injured receive?		
Date injured returned to the activity:		
Fault of injured, if any:		
Was injured subject to any weakness or handicap?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, explain:		

INJURIES (Continued)
Physical & Structural defects at incident site:
Measures taken to remove or remedy defect:
STATEMENTS ON NEXT PAGE
Please provide the following statements if practicable. If not, then indicate the reasons: 1) Statement of injured 2) Statement of activity supervisor 3) Statements of 2 witnesses
Reasons for not submitting statements under 1, 2, or 3:

CHILD ABUSE OR SUSPECTED CHILD ABUSE (IF APPLICABLE)	
Name of child:	Age: Sex:
Address of child:	Telephone:
Other persons involved:	
Description of abuse:	
Actions taken at time of incident:	
Other agencies involved:	
Follow-up actions taken by contractor:	
Person suspected of causing abuse:	Relationship to child:
Address of suspected person:	Telephone:
Notification to State Registry	Date: Time: By:
(TYPE OR PRINT)	

(SEE FOLLOWING PAGE FOR REPORTING PROPERTY LOSS INCIDENTS AND FOR WITNESS STATEMENTS FOR ALL INCIDENTS.)

REPORT PREPARED BY:

Name (print) _____ Signature:

Title _____ Telephone _____ Date ____/____/____

Contract Agency: _____

STATEMENTS

STATEMENT OF INJURED:

_____/_____/_____
Signature Date

STATEMENT OF PERSON IN CHARGE OF ACTIVITY:

_____/_____/_____
Signature Date

STATEMENT OF WITNESS:

_____/_____/_____
Signature Date Age Address Telephone

STATEMENT OF WITNESS:

_____/_____/_____
Signature Date Age Address Telephone

PROPERTY LOSS (IF APPLICABLE) Check one: LOST DAMAGED STOLEN

List property lost, damaged, or stolen:

ITEM	DESCRIPTION	SERIAL NUMBER	VALUE
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Police notified? Yes No Time notified? _____ Precinct # _____

Responding officer(s) _____ Police complaint # _____