

## VOLUNTEER & VISITOR INCIDENT REPORT

Incident reporting ensures there is a record of the injury or incident on file, and helps HSCC provide a safe environment.

If the incident being reported involves a bite that breaks skin from an animal, the *Animal Bite Report* needs to be completed as well.

Completed Incident Reports must be submitted to the HSCC Shelter Director or President/CEO.

☐ Incident involves a bite from an animal      Animal Name \_\_\_\_\_  
☐ Dog    ☐ Cat    ☐ Other:

DATE & TIME OF INCIDENT:	
FULL NAME:	PHONE NUMBER:
STREET ADDRESS:	CITY, STATE, ZIP CODE:
LOCATION OF INCIDENT (ROOM NAME OR AREA DESCRIPTION):	
DESCRIBE THE INCIDENT:	
LIST THE BODY PART(S) INJURED AND TYPE OF INJURY:	
TO WHOM DID YOU REPORT THE INCIDENT TO?	DATE REPORTED:
WITNESSES? ____ YES ____ NO	IF YES, LIST WITNESS(ES) NAME (S) & PHONE NUMBER(S):
DID YOU RECEIVE TREATMENT? ____ Reporting Only (No Treatment Needed) ____ I declined treatment at the time ____ Treatment was provided ____ Treatment will be provided or sought	

***By signing this form, I certify that the information provided is true to the best of my knowledge.***

\_\_\_\_\_  
VOLUNTEER OR VISITOR SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE SIGNED