**Incident/Accident/Injury Report for Clients and Applicants**

Date of Incident       Time:       am  pm

Location of Incident:

Type of Incident:  Accident  Injury  Other

Affected Party(s):  Applicant/Client  VR staff  Other

Name of Person(s) Involved:

Description of Incident:

Name of Witness(es) to the Incident:

Staff Action Taken:

VR Staff Person Filing the Report Date

Reporting Staff Person:  Witnessed Incident  Received a Verbal Report

Supervisor Signature Date

Original:  Supervisor

Copy:      NDE Legal Counsel