**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