

Medical Incident Report Template

Date of Incident

Time of Incident

Location of Incident

Reported By (Name & Role)

Person(s) Involved

Incident Details

Description of Incident

Injuries Sustained (if any)

Immediate Actions Taken

Describe Actions Taken

Witness Information

Witness(es) (Name & Contact)

Follow-Up

Recommended Follow-Up Actions

Date of Report

Reporter's Signature