Volunteers of America ILLINOIS

# UNUSUAL INCIDENT REPORTING FORM FOR NON-DCFS INCIDENTS

OFFICE LOCATION/PROGRAM NAME:

DATE OF INCIDENT: DATE OF REPORT:

NAME/TITLE OF PERSON COMPLETING REPORT:

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I. NAME OF ALL INVOLVED PARTIES (include ages, relationship, any all relevant case ID #s):

II. DESCRIBE THE INCIDENT:

III. DESCRIBE IMMEDIATE ACTION TAKEN:

IV. CURRENT STATUS OF ALL INVOLVED PARTIES:

V. FOLLOW-UP ACTION IF NECESSARY:

Name/Signature of Reporter/Date:

Name/Signature of Supervisor/Date:

Name/Signature of Director/Date: