



County of Humboldt

Date: _____ Department: _____

Incident Report Form

Division: _____

Print or Type – Document Must be Legible

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I. Person Reporting Incident

Full Name: _____

Title: _____

II. Person(s) Involved

Full Name: _____ D.O.B: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

III. Incident Details

Who was involved:

- Non-Employee
- Employee
- Volunteer/Intern

Type:

- Accidental
- Self-Inflicted
- Assault
- Tarasoff
- HIPAA

How did you come to know of the incident:

- Involved
- Observed
- 2nd Person
- Photo's (Attached)

OTHER _____

IV. Time and Place

Location of Incident: _____

Date: _____ Time: _____

Witness #1: _____ Phone #: _____

Witness #2: _____ Phone #: _____

V. Details

As clearly and concisely as possible, describe what happened, including any circumstances which may have caused the incident. (Use the backside of sheet if necessary)

VI. Staff Response

Describe what action was taken by staff following the incident:

VII. Damages

Was any damage done to personal property: yes no
(if yes, please fill out a personal effects claim form)

Was any damage done to county property: yes no

If yes; Description of property damage/stolen/loss:



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VII. Workers' Compensation

Was there an injury: yes no

If yes; Describe the Injury in Detail: (e.x. 1 cm deep laceration to right shoulder)

Company Nurse Called? yes no (877-854-6877)

Sent to a Doctor: yes no

Sent to a Hospital: yes no

Name of Doctor/Hospital: _____
(if known)

If yes; What was the mode of transportation:

County Private Ambulance

VIII. Tarasoff

Was this a Tarasoff incident: yes no

Notified Police: _____
(Agency)

Notified Parties Named: yes no | if yes; attach notification letters

VIII. HIPAA Privacy & Security

Notified HIPAA Compliance Officer: _____

Follow up by Department

Has corrective action been initiated? yes no

If yes; What corrective action is being taken:

Date: _____

Initial: _____

If no: When will corrective action be taken: _____
What training, equipment, policies, or procedures could have prevented this incident?

Follow up by Risk Management

Reviewed/Investigated by: _____ Date: _____

Follow up required: yes no | if yes; When: _____

Filer's Name: _____ Signature: _____ Date: _____
(print/type)

Supervisor's Name: _____ Signature: _____ Date: _____
(print/type)

Department Head's Name: _____ Signature: _____ Date: _____
(print/type)