

ARIZONA INCIDENT REPORT

What happened before the incident? _____

What could have prevented the incident? _____

Type of medical intervention: Doctor's visit Emergency room Hospitalization Urgent care Other _____

Location of medical intervention

Street 1: _____ Street 2: _____ City: _____
State: _____ County: _____ ZIP: _____

Notifications

Notification Type:* Child/Adult Protective Services Notified Parent/Guardian Notified Police Notified Support coordinator Notified Tribal Social Services Notified

Notified?:* Yes No N/A

If Yes, name of person notified: _____

If No, explain why _____

Notified By: _____

Date of Notification _____ Time of Notification: _____ am / pm

SIGNATURE.....NAME.....DATE.....TIME.....am/pm
Note:- Required fields are marked with an asterisk (*)