



INCIDENT REPORT FORM

CONTACT INFORMATION

Reported By:	Phone Number:	
Reported To:	Phone Number:	
Date of incident:	Time of incident:	
Location of incident:	City/State of incident:	
Email:	Home Phone:	Cell Phone:

INCIDENT INFORMATION

Please state the facts of Who, What, Where, When, Why and How the incident occurred?

Who was involved? [check all that apply]

- Good Dog Handler Good Dog Therapy Dog Client/Patient/Student Facility Staff
 Good Dog Trainer Good Dog Staff Non-Good Dog Volunteer Non-Good Dog Animal
 Other: _____

Did the incident occur during an approved, scheduled Good Dog facility visit or outreach event? Yes No

Names of person(s) and/or dog(s) involved in incident:

Did incident involve apparent injuries? Yes No If yes, please explain:

Complete the following section *only* if an injury occurred:

Was first aid given? Yes No If yes, who administered first aid?

Did the person(s) or animal(s) involved in the incident resume his/her/their activities? Yes No If no, please explain:

Was further medical treatment required? Yes No

Did person need to consult with a doctor? Yes No

WITNESS INFORMATION

Name:	Name:
Phone:	Phone:
Comments:	Comments: