INTERFAITH SENIOR PROGRAMS
VOLUNTEER REPORT OF INCIDENT

VOLUNTEER INFORMATION

Name of volunteer: _____

Volunteer phone #: _____

CLIENT INFORMATION

Name of client: _____

Client phone #: _____

TYPE OF INCIDENT

Check all that apply

_____ **Client behavior change** _____ **Inappropriate behavior from client**

DESCRIPTION OF INCIDENT

Date: _____ **Time:** _____ **am/pm**

Location: _____

Description: _____

_____

_____

_____

_____

OFFICE ONLY

Who was notified of incident: _____ **Family** _____ **DSS** **Other:** _____
_____ **MHA** _____ **Police**

Is volunteer willing to continue assisting this client? ❑ **Yes** ❑ **No**

_____ _____

Volunteer's Signature **Date** **Executive Director's Signature** **Date**