

**Progressive Steps, LLC  
Incident Report Form**

**Instructions:**

This form must be completed by the practitioner who witnessed or was informed of the incident. It is used to report **all incidents**, whether they require notification to the office only or both the office and DCCP. Please provide as much detail as possible. Submit the completed form to the office and notify the Service Coordinator.

---

**General Information**

- **Date of Incident:** \_\_\_\_\_
  - **Time of Incident:** \_\_\_\_\_
  - **Location of Incident:** \_\_\_\_\_
  - **Practitioner Name:** \_\_\_\_\_
  - **Child's Name (if applicable):** \_\_\_\_\_
  - **Parent/Guardian Name (if applicable):** \_\_\_\_\_
  - **Other Individuals Involved (if any):** \_\_\_\_\_
- 

**Incident Details**

- **Type of Incident:**  
*(Check all that apply)*
  - Injury or illness
  - Safety concern (child or family)
  - Behavioral concern
  - Property damage
  - Other (please specify): \_\_\_\_\_
- **Description of the Incident:**  
*(Please provide a detailed account of what happened, including any observed behaviors, statements made, and actions taken. Additional notes can be added as attachments)*

---

---

---

- **Witnesses (if any):**

---

- **Were there any injuries? (Yes/No):** \_\_\_\_\_
  - If yes, please describe: \_\_\_\_\_

---

### **Actions Taken**

- **Immediate Action Taken by Practitioner:**  
*(e.g., first aid, contacted emergency services, informed parent/guardian)*

---

- **Was DCCP Contacted? (Yes/No):** \_\_\_\_\_
  - **Date and Time of Report to DCCP:** \_\_\_\_\_
  - **DCCP Caseworker Name (if provided):** \_\_\_\_\_
  - **DCCP Case Number (if provided):** \_\_\_\_\_
- **Was the Office Notified? (Yes/No):** \_\_\_\_\_
- **Name of Person Notified:** \_\_\_\_\_
  - **Date and Time of Notification:** \_\_\_\_\_
- **Was the Service Coordinator Notified? (Yes/No):** \_\_\_\_\_
- **SC Name:** \_\_\_\_\_
  - **Date and Time of Notification:** \_\_\_\_\_

---

### **Additional Follow-Up Information**

- **Is further follow-up needed? (Yes/No):** \_\_\_\_\_
  - If yes, please describe: \_\_\_\_\_
- **Recommendations or Notes for the Team:**

---

---

---

---

---

### **Practitioner Acknowledgment**

I confirm that the above information is accurate to the best of my knowledge.

- **Practitioner Signature:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
- 

### **Office Use Only**

- **Received by:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_
- **Follow-Up Actions Taken by Office:**