



Incident Report

Please use blue or black ink when completing.

Date of Report: _____ Time of Report: _____

Name of Reporting Individual: _____ Title: _____

Mentee Name: _____ Age: _____ Gender: _____

Mentor Name: _____ Start Date: _____

Date of Incident: _____ Approx. Time of Incident: _____

Location of Incident: _____

Description of Incident (Accident/Incident/Unsafe Condition/Other – Please specify): _____

Comments:

(please continue on back if necessary)

Was a parent or guardian notified about the incident? Yes No

If yes: List Date and Time of notification _____

BCYMP Staff/Board Member or School Counselor Contacted:

Name: _____ Title: _____ Phone: _____

Was First Aid/Medical Attention Needed?: Yes No

If yes: Type of Treatment _____

Date/Time Administered: _____ Location Administered: _____

Administered by (name and job title): _____

Was Property Damage Reported?: Yes No

If yes: Provide a Brief Description: _____

Was the police department or other safety office contacted: Yes No

If yes: List the Name of the Department: _____

Witnesses (if any):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Signature of Reporting Individual: _____ Date: _____

Signature of Receiving Individual (1): _____ Date: _____

Signature of Receiving Individual (2): _____ Date: _____

It shall be the policy of the BCYMP to report any incident(s) of concern regarding their mentees, mentors, volunteers, and Board Members. In such instances, a written report is completed by the Reporting Individual in conjunction with the BCYMP Program Director, or, in the instance of his/her unavailability, the School Resource Officer or a Brookings School District School Counselor. Copies will be retained by the BCYMP Program Director and the School Resource Officer, who will determine if further action needs to be taken.