NATIONAL CAPITAL THERAPY DOGS, INC. INCIDENT REPORT FORM*

(Note: Any injuries must be reported. If there is a perceived injury that did not occur, please let us know.
Atypical events including public arguments among volunteers and/or staff should also be reported.
If you are uncertain, talk to your Facility Coordinator or Director of Volunteers for guidance.)

Date of Incident:	Time:
Place of Incident:	Contact Name:
Address:	City:
State/Zip:	Phone Number:
Reported By:	Phone Number:
Reported To:	Phone Number:

State the facts of *Who, What, Where, When, Why, and How* the incident happened? (use extra paper if needed)

Witnesses (Witnesses must sign at end of document)	
Name:	Name:
Phone:	Phone:
Comments:	Comments:

* *INCIDENT REPORT FORM ©2011 NATIONAL CAPITAL THERAPY DOGS, INC.*

Name of NCTD Volunteer reporting incident/occurrence:	
Address:	City:
State:	Zip Code:
Phone:	Email:
Animal's Name (if applicable): Species:	Breed:

Name of person(s) and animal(s) involved in incident: Did the incident occur on a scheduled NCTD visit? ☐ Yes ☐ No		
Did incident involve apparent injuries?	☐ Yes ☐ No	
Persons involved in incident are: (check all that apply)	☐ NCTD Volunteer ☐ Non-Volunteer ☐ NCTD Evaluator ☐ NCTD Instructor ☐ Student or guest ☐ Facility Staff ☐ Client	☐ NCTD Animal ☐ Other Animal

Complete the following section *only* if an injury occurred.	
Was first aid given?:	
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? If yes, by whom?_____	☐ Yes ☐ No

RN or MD Evaluation (if available):

Will further medical treatment be required? ☐ Yes ☐ No	
_____ RN or MD Signature	_____ Date

SIGNATURE PAGE

Reported by: Name (Printed)	Signature	Date
Name of Witness #1 (Printed)	Signature	Date
Name of Witness #2 (Printed)	Signature	Date
Name of Person #1 Involved (Printed)	Signature	Date
Name of Person #2 Involved (Printed)	Signature	Date
Name of NCTD Facility Coordinator Or Facility Staff Present (Printed)	Signature	Date

Please return this form to: Marcia Bresson, Director of Volunteers