

# INCIDENT REPORT FORM

N.Y.C. DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT  
156 William Street, New York, N.Y. 10038

All Incident Report Forms must be completed at the time the incident occurs and sent via email immediately to the contactor's DYCD Program Manager **and** [ccortes@dycd.nyc.gov](mailto:ccortes@dycd.nyc.gov).

**FOR CIP ENROLLEES:** If the provider is enrolled in the City's **Central Insurance Program (CIP)**, also fax the completed form to: **(212) 442-5972**.

If any requested information is not available at the time of the submission of this written report, it must be submitted in writing as soon as it is available. Incomplete and unsigned Forms will be returned to the contract agency for resubmission.

(PLEASE PRINT CLEARLY)

Report Prepared By: Name: _____ Signature: _____ Title: _____ Date: _____ DYCD PROGRAM: _____
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CONTRACTOR	Contract ID#
Contract Agency: _____	Address: _____
Telephone: _____	Executive Director: _____

<b>INSTRUCTIONS;</b> Complete the applicable Section for the type of incident being reported. For <b>INJURY OR ABUSE</b> incidents, complete <b>Section 1 and Section 3</b> . For <b>PROPERTY LOSS</b> incidents complete <b>Section 2 and Section 3</b> . <b>SECTION 4</b> is for <b>Runaway and Homeless Youth</b> providers <b>ONLY</b> .
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## SECTION 1

<b>REPORT OF INJURY</b> <input type="checkbox"/> <b>OR ABUSE</b> <input type="checkbox"/> (CHECK APPLICABLE)
Name of injured or abused person: _____ Age: _____ Sex: _____
<b>Status:</b> <input type="checkbox"/> <b>Client/Program Participant</b> <input type="checkbox"/> <b>Guest</b> <input type="checkbox"/> <b>Staff</b> <input type="checkbox"/> <b>Other</b> _____
Name of Parent or Guardian (if a minor is involved): _____
Parent's or Guardian's address: _____
Parent's or Guardian's Telephone Number: _____
Parent/Guardian Called: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Time called: _____ Time arrived: _____
If NO, why not? : _____

<b>INCIDENT DESCRIPTION:</b>		
Date of Incident:	Time:	Incident Site Address:
Description and cause:		

<b>OTHER PERSONS INVOLVED (Indicate Status: G=Guest S=Staff C=Client W=Witness O=Other)</b>				
Name of Person	Age	Status	Address	Telephone

<b>ACTIONS TAKEN (INDICATE ALL THAT APPLY)</b>					
Emergency responder	Time Called	Time Arrived	Name	Badge Number	Comments
<input type="checkbox"/> NYPD					
<input type="checkbox"/> EMS					
<input type="checkbox"/> FDNY					
<input type="checkbox"/> ACS					
<input type="checkbox"/> OTHER (Comments)					

Follow-up actions taken by contractor:
Person suspected of causing injury or abuse: _____ Age: _____
If under 18 years old, name of parent/guardian: _____
Relationship to child (if any): _____
Address of suspected person: _____
Telephone: _____
Notification to NY State Central Register on Child Abuse and Neglect (if abuse or neglect suspected):
Date _____ Time: _____ Notified By: _____

## SECTION 1 (continued)

FOR INJURIES
Describe actions of injured that led to injury:
Action taken for injured (assistance & referral):
What medical treatment, if any, did the injured receive (identify who provided treatment)?
Date injured returned to program activities:
Describe activity limitations (if any):
Physical and structural defect(s) at incident site (if any):
Measures taken to remove or remedy defect(s):

## SECTION 2

FOR PROPERTY LOSS (IF APPLICABLE)    Check one: <input type="checkbox"/> LOST <input type="checkbox"/> DAMAGED <input type="checkbox"/> STOLEN			
List property lost, damaged, or stolen:			
ITEM(s)	DESCRIPTION	SERIAL NUMBER(s)	VALUE
Police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Notified _____    Time notified _____    Precinct # _____			
Responding officer(s)			
Name _____    Badge # _____    Precinct # _____			
Name _____    Badge # _____    Precinct # _____			
Name _____    Badge # _____    Precinct # _____			
Police complaint # _____			

### SECTION 3

STATEMENTS
Please provide the following statements if practicable. If not, then indicate the reasons: 1) Statement of injured or abused      2) Statement of supervisor      3) Statements of 2 witnesses
Reasons for NOT submitting statements under 1, 2, or 3:
1)
2)
3)

SEE FOLLOWING PAGE FOR REPORTING WITNESS STATEMENTS FOR ALL INCIDENTS.

**SECTION 3 (continued)**

REPORT PREPARED BY:

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contract Agency: \_\_\_\_\_

**STATEMENTS (Please use additional pages if necessary)**

**STATEMENT OF INJURED OR ABUSED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF PERSON IN CHARGE AT SITE AT TIME OF INCIDENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF WITNESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_ Age: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF WITNESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_ Age: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4****THIS PAGE IS FOR COMPLETION BY RUNAWAY AND HOMELESS YOUTH PROVIDERS ONLY****STATUS OF PROGRAM PARTICIPATION FOR PERSONS INVOLVED IN INCIDENT (if applicable):**

PARTICIPANT		ACTION TAKEN (check applicable)
First Name		<input type="checkbox"/> Expulsed Date:
Last Name		<input type="checkbox"/> Suspended # of Days
Age		<input type="checkbox"/> Transferred to another agency
Reason for Action Taken:		Agency Name:  Transfer Date:

PARTICIPANT		ACTION TAKEN (check applicable)
First Name		<input type="checkbox"/> Expulsed Date:
Last Name		<input type="checkbox"/> Suspended # of Days
Age		<input type="checkbox"/> Transferred to another agency
Reason for Action Taken:		Agency Name:  Transfer Date:

PARTICIPANT		ACTION TAKEN (check applicable)
First Name		<input type="checkbox"/> Expulsed Date:
Last Name		<input type="checkbox"/> Suspended # of Days
Age		<input type="checkbox"/> Transferred to another agency
Reason for Action Taken:		Agency Name:  Transfer Date:

PARTICIPANT		ACTION TAKEN (check applicable)
First Name		<input type="checkbox"/> Expulsed Date:
Last Name		<input type="checkbox"/> Suspended # of Days
Age		<input type="checkbox"/> Transferred to another agency
Reason for Action Taken:		Agency Name:  Transfer Date: