

**Communicative Disorders Clinic
San Francisco State University**

Incident Report Form

Date of incident: ____/____/____ Time of the incident: _____ AM/PM

Location of Incident: _____

Individual involved is a: () Client () Faculty/Staff () Visitor () Other _____

Name of Individual: _____

Day Phone number: _____ Evening Phone number: _____

Briefly describe what happened:

Prepared by: _____ Date: ____/____/____
(Individual witnessing or hearing of occurrence)

Routed to _____, supervisor for review/action Date: _____

FOR OFFICIAL USE ONLY-DO NOT COMPLETE THE FOLLOWING

Form received by: _____ Date: __/__/__

Supervisor's comment:

Recommended actions:

Route to Clinic Coordinator for review/comments: _____ Date: __/__/__

Clinic Coordinator's Signature: _____ Date: __/__/__