

**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: \_\_\_\_\_

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*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: \_\_/\_\_/\_\_