Horizons Centre
"Maximizing Abilities Through Quality Service"

(Internal Use Only)

Involved Other Incident Form

Client Name: _____ Date: _____

Reporter Name: _____

Refer to Incident Report for: _____ Dated: _____

DISCUSSIONS / RECOMMENDATIONS / OTHER

Program Coordinator: _____ Date: _____

Program Director: _____ Date: _____

Executive Director: _____ Date: _____

If the incident required immediate contact or follow up with any of the following, please indicate the name of the contact and the time and date that the contact was made:

	Name	Time	Date
Parent / Guardian:			
Caregiver:			
Caseworker:			
Other:			

THIS MATERIAL IS NOT TO LEAVE THE FACILITY.