Community Outreach MEDICAL CENTER
BRINGING COMMUNITY AND HEALTHCARE TOGETHER

Report of Incident Form
Patient/Visitor

This form is for incident investigation data collection and process improvement only.

1. Status of Person Reporting: ☐ Employee ☐ Patient ☐ Visitor ☐ Vendor ☐ Other _____	**2. Area/Department:** ☐ Medical (COMC) ☐ Case Management ☐ Behavioral (CCBHC) ☐ Administration ☐ Other _____	**3. Date of incident** (mm/dd/yyyy): **Time of incident:** AM ☐ PM ☐

4. Name: (Last, First, MI)	**5. Phone #:**	**6. Alternate #:**
7. Address, City, State, Zip Code:	**8. Email:**	

9. Address or location of incident: (Building, City)

10. Specific location where incident occurred: (Stairs, Conference, Room or Lobby. Give direction for more detail - N,S,E,W)

11. Nature of incident:
☐ Minor Injury (First Aid Only) ☐ Major Injury (Medical Attention required) ☐ Verbal Hostility/ Altercation
☐ Lost / Stolen Property ☐ Unsafe Equipment ☐ Workplace or Family Violence ☐ Other (Explain below)
☐ Security / Trespassing ☐ Non-Physical Hostility (Verbal threat/aggression) _____

12. Cause of incident:

13. How and why did this incident occur: (Be as detailed as possible, type, severity, conditions and if any injury occurred. Use additional sheets if necessary.)

14. Witnesses name, and contact information: (Witnesses should complete the *Witness Report of Incident* form.)

I, the undersigned acknowledge reporting this incident as described above.

_____

Signature of person completing report *Date*

FOR OFFICIAL USE ONLY

Report Received By: _____

Title/Position: _____ *Date:* _____

The completed form can be mailed to: 1090 E. Desert Inn Rd., Suite 200 – Las Vegas, NV 89109
or emailed to info@nvcomc.org