

Incident Report Form Template

MATP INCIDENT REPORT

NAME OF INVOLVED PERSON _____

ADDRESS _____

PHONE _____ **AGE** _____ **SEX** _____

DATE & TIME OF INCIDENT _____

LOCATION _____

WAS ILLNESS OR INJURY INVOLVED (if yes, describe below)? _____

DESCRIPTION OF INCIDENT (Please include names of individuals involved, nature of the incident, if injury or illness give name of physician/hospital used, names & addresses of witnesses, and narrative of what occurred)

FINAL MATP DISPOSITION (how you intend to handle the incident, any next steps required, or likely outcomes)

NOTE: Immediately following the incident, notify the MATP Office by telephone. Incident Report Forms MUST be completed and submitted by FAX within 48 hours of the incident. Address the call and FAX to either your MATP Advisor or Program Manager. The MATP FAX Number is 717-705-8112.

