

TO: _____ FAX #: _____ FROM: _____ PHONE #: _____

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NYC DEPARTMENT OF HOMELESS SERVICES INCIDENT REPORT

PRIORITY CODE: [] 1 [] 2 [] 3 **DIVISION:** [] Adults [] Families

Date: ____/____/____ Day of Week: _____ Time: _____ AM / PM

Facility: _____ Type of Incident: _____

PERSONS INVOLVED: V=Visitor V=Victim
 S=Staff W=Witness
 C=Client O= Other

V-S-C	V-W-O	Last Name	First Name	Sex	HA/ADC #	SSN	Age	DOB

BRIEF DESCRIPTION OF INCIDENT: (Who, what, where, when) *Attach additional sheet if necessary*

EMERGENCY RESPONDERS: (NYPD - DHSPD - EMS – FDNY) *List all that apply*

Responder	Time Called	Time Arrived	Name	Badge	Unit	Comments

INJURIES:

Name	Type of Injury	Removed to Hospital	Hospital
		[] Yes [] No	
		[] Yes [] No	

CLIENT STATUS:

Name	Suspended/Sanctioned	# of Days	Date	Transferred	To

Report Prepared By/Signature: _____ Title: _____ Date: _____

Report Reviewed By/Signature: _____ Title: _____ Date: _____

[] Security/Peace Officer Report Attached

DISPOSITION/ACTION TAKEN: *To Be Completed by Program Analyst Only*

INDICATORS: *To Be Completed by Program Analyst Only*

[] ACS [] Arrest [] Bomb [] Child [] Death [] DV [] Drugs [] Fire
 [] Firearm [] Medical [] Violence [] Sexual [] Staff [] Theft

Signature of Program Administrator: _____ Date: _____