



INCIDENT REPORT FORM

1. DYCD Providers must notify DYCD of Incidents via phone or e-mail within twenty four (24) hours of occurrence and submit a completed DYCD Incident Report Form via e-mail within three (3) days of occurrence to both of the following:
 - a. DYCD Program Manager (overseeing the contract to which the Incident relates) AND
 - b. incidentreports@dycd.nyc.gov
2. Providers enrolled in the City's Central Insurance Program must also fax the completed Incident Report Form to DYCD at (646) 343-6977.
3. Missing information must be provided in writing as soon as it is available. DYCD will return incomplete and unsigned Forms to the Provider for resubmission.
4. For Injury, Abuse or Other incidents, complete Section 1; in cases of Property Loss, complete Section 2.

| Incident Report Completed By | |
|-------------------------------------|---------------------|
| Name: | Date: |
| Title: | Email: |
| Work Address: | Phone: |
| Provider Information | |
| Agency Name: | Executive Director: |
| DYCD Program Information | |
| Program Area (SYEP, COMPASS, etc.): | DYCD Contract ID #: |

SECTION 1 – INJURY, ABUSE & OTHER INCIDENTS

| Incident Information | | |
|---|-------------------|---|
| Type of Incident: <input type="checkbox"/> Injury <input type="checkbox"/> Abuse/Maltreatment <input type="checkbox"/> Lost/Missing Child <input type="checkbox"/> Other: | | |
| Date of Incident: | Time of Incident: | Occurred During Program Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Incident Site Address: | | |
| If Incident at a DOE Site, School Name and District & School Number: | | |
| Name (of Person injured, abused, etc.): | Age: | Gender: |
| Status (of Person injured, abused, etc.): <input type="checkbox"/> Client/Participant <input type="checkbox"/> Guest <input type="checkbox"/> Staff <input type="checkbox"/> Other: | | |
| Parent/Guardian Name (if a minor): | | |
| Incident Description (Describe the incident in detail; continue on separate page if necessary) | | |
| | | |

Other Persons Involved (indicate status: G=guest S=staff C=client W=witness O=other)

| Name of Person | Age | Status | Nature of Involvement | Phone No. |
|----------------|-----|--------|-----------------------|-----------|
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Person Suspected of Causing Injury or Abuse (if applicable)

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| Name: | Parent/Guardian (if a minor): |
| Address: | Phone (if available): |

Notifications Made (indicate all that apply)

| Emergency Responder -or- Investigator | Date Called | Time Called | Responder Name -or- Person Taking Report | Badge -or- ID # | Comments |
|--|----------------|----------------|--|-----------------------|----------|
| <input type="checkbox"/> NYPD | | | | | |
| <input type="checkbox"/> EMS | | | | | |
| <input type="checkbox"/> FDNY | | | | | |
| <input type="checkbox"/> NYC ACS | | | | | |
| <input type="checkbox"/> NYS SCR (800) 635-1522 | | | | | |
| <input type="checkbox"/> NYS Justice Center | | | | | |
| Parent/Guardian Called: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If No, Why Not? | | |
| If Yes, Time Called: | | | If Yes, Phone Number Called: | | |

Follow-up Actions (e.g. assistance, investigation, or policy review; if applicable, include whether any participants were expelled, suspended, or transferred; continue on separate page if necessary)

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Medical Treatment Received by Injured Person (if applicable):

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|--|-------------------------|
| Participant Returned to Program: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If Yes, Date of Return: |
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SECTION 2 – PROPERTY LOSS INCIDENTS**Type of Loss:** Lost Damaged Stolen

| Item(s) | Description | Serial Number(s) | Value |
|---------|-------------|------------------|-------|
| | | | |
| | | | |

| | | | |
|---|------------------------|------------------|---------------------|
| Police Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Date Notified: | Time: | Police Complaint #: |
| Responding Officer(s): Name _____ | Shield # _____ | Precinct # _____ | |
| Name _____ | Shield # _____ | Precinct # _____ | |