

# INCIDENT REPORT

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  AM  PM Location \_\_\_\_\_

Incident involved:  Member  Non-Member Trainee  Instructor  Visitor  Dog(s)

List all persons' names and names and breeds of dogs involved \_\_\_\_\_

Incident discovered by \_\_\_\_\_

Incident reported to \_\_\_\_\_ at \_\_\_\_\_  AM  PM

Report prepared by \_\_\_\_\_ Date \_\_\_\_\_

Incident involved:  Fall  Injury  Disruption  Bite  Other

Describe what occurred: \_\_\_\_\_

Describe Instructor/Board Member/Training Committee Member action taken at scene, if any: \_\_\_\_\_

Additional information \_\_\_\_\_

Training Committee Review Panel (at least 2 members) \_\_\_\_\_ Date \_\_\_\_\_

Actions taken to review: \_\_\_\_\_

Findings: \_\_\_\_\_

Results: \_\_\_\_\_

Reviewed by Board of Directors \_\_\_\_\_ Date \_\_\_\_\_

Comments/Follow-up: \_\_\_\_\_