



INCIDENT REPORT

In case of injury, submit completed form to Rebuilding Together Alexandria within 24 hours.

Information on the person filling out this form:

Name _____		House Captain
Address _____ _____		Team Leader
Phone H _____ W _____		Staff
Did you witness the incident? (yes/no) _____		Volunteer
		Other

Information on the injured individual:

Name _____		Homeowner
Address _____ _____		Volunteer
Phone H _____ W _____		Other (explain)
Age _____ Male _____ Female _____		

Explain how and where the injury occurred (be thorough):

Describe injury: _____

When did the symptoms first appear? _____

Did you seek medical treatment? YES ____ NO ____ **where and type:** _____

Was this condition present prior to the person being injured? YES ____ NO ____:

List witnesses to the injury:

Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____

Signature of person completing form _____ **Date** _____