





# Incident Report

**People that have been informed and the date** (not all of the following individuals need to be contacted, only those applicable):

Parent/Guardian	Host Site Coordinator	BBI Program Manager
Care Provider	Police	BBI Supervisor
Special Education Advisor	Adult/Child Protective Services	BBI State Director
Faculty Advisor	Other	BBI HQ staff

Are there any other persons who still need to be contacted regarding the incident? YES      NO  
 Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you feel the situation/incident has been resolved? YES      NO  
*Please elaborate:*

Has anyone in the chapter been contacted by the media regarding this incident? YES      NO  
 \*Please note that any media inquiry should be directed to your local Best Buddies office.  
*Please explain:*

By checking this box I, \_\_\_\_\_, verify that I have completed the above report and that all details given are true to the best of my knowledge.



# Incident Report

**For Internal Use - Best Buddies staff contact please complete:**

Staff Name:	Staff Role:
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Have you had contact with the person filing the report? YES NO

Have you had contact with any of the participants involved in this incident? YES NO  
 If YES, please share with whom and a brief summary of the contact and the outcome:

Are you aware of any additional information BBI should be aware of? YES NO  
 If YES, please share additional information:

Is the participant's report consistent with your knowledge of the situation? YES NO  
 If NO, please provide additional information:

Request for follow up from BB Headquarters to any of the involved participants? YES NO  
 If YES, provide contact information and issues that require follow up:

Name: Phone number:

Follow up needed: