

Incident Report

Best Buddies International



The incident report is designed to protect all Best Buddies members and provide documentation when an accident, injury, or illness occurs at a Best Buddies sponsored activity or chapter outing. The incident report should be completed by the person in charge of the event or activity at the time of the occurrence. Please provide specific and detailed information of the situation as this will serve as the official record of the occurrence. The report should be signed by the person who completed the form and sent to your Best Buddies [staff contact](#) within 24 hours of the incident.

Incident reporting procedures can be found on the [Best Buddies University website](#).

Incident Overview

School Name, City & State:		Date:
Name of person reporting the incident:		Phone number:
Date of incident:	Time of incident:	Place incident occurred:
Name <i>List all persons involved in the incident</i>	Role in Best Buddies	Phone Number

Report

Please describe in great detail the nature of the incident, be sure to describe how each person listed above was involved:

Was there harm/injury to participant or other(s): YES NO

If yes, describe injury:

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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	Best Buddies Program Manager
Care Provider	Police	Best Buddies Supervisor
Special Education Advisor	Adult/Child Protective Services	Best Buddies State Director
Faculty Advisor	Other	Best Buddies Headquarters 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.

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For Internal Use - Best Buddies staff please complete:

Staff Name:

Role:

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 Best Buddies 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 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: