ARIEL CLINICAL SERVICES
Incident Report

Client Name: 

Foster Home: 

Incident Date: 
Incident Time: am pm 

Date Reported: 
Location of Incident: 

Type of Incident (check all that apply): 

☐ 3rd Party Abuse ☐ Aggression Child/Adult ☐ Self Injurious Behavior 
☐ Sexual Incident ☐ Destruction of Property ☐ Theft 
☐ Injury - no medical tx ☐ Drug/Alcohol ☐ Aggression Child/Child 
☐ Urgent Medical - non-admitted ☐ Tantrum/Deregulation ☐ Runaway 
☐ Urgent Mental-non-admitted 

☐ Other: 

ALL INCIDENTS MUST BE REPORTED IMMEDIATELY TO THE ARIEL CASE MANAGER OR ON-CALL STAFF PERSON.

In all descriptions include who, when, where and what happened.

People Present: 

Person Notified & Time: 

Describe incident in detail, including place, time and action taken:
Describe the child’s physical, emotional and behavioral condition **during** the incident:

Describe the child’s physical, emotional, and behavioral condition **following** the incident:

Describe any discussion and evaluation with the child **after** the incident:

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**Office use only**

Comments/Follow Up:

Reviewed by: ___________________________ Date: __________