



9607-102 Street
Grande Prairie, AB T8V 2T8
Ph: 780-830-0920
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CRITICAL INCIDENT REPORT

Name: _____

Address: _____

Phone
Number: _____

Location of
Incident: _____

INCIDENT:
(select as many as required)

Date and Time: _____

Death

Accident – Physical Injury

Medical Emergency

Medical Reaction

Physical Aggression – To Home Visitor

Theft

Possession – Drugs

Possession – Dangerous Object

Physical Self Abuse

Suicidal Risk

Hospitalization

Public Complaint

Property Damage

Other

BRIEF DESCRIPTION AND THE ACTION TAKEN: