



**CLINICAL INCIDENT REPORT FORM**

Student: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Unit: \_\_\_\_\_

Course Code/Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Was an incident report completed for this event at this agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the unit in-charge/agency administrator Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Unit in-charge/agency administrator name/phone: \_\_\_\_\_

Describe the incident:

---

---

---

Describe immediate actions taken related to a patient, student, or staff involved:

---

---

---

Document any follow-up action indicated at this time:

---

---

---

Clinical Instructor Signature: \_\_\_\_\_

Clinical Course Coordinator \_\_\_\_\_ notified (date/time) \_\_\_\_\_

*Notify STAT & send copies of this completed form to the Clinical Course Coordinator and CAN*