

**ATHENS COUNTY CHILDREN SERVICES
INCIDENT REPORT FORM**

**THIS FORM SHOULD BE COMPLETED AS SOON AS POSSIBLE AFTER THE INCIDENT. IT IS THEN TO BE TURNED IN TO YOUR FOSTER CARE CASEWORKER BY THE NEXT WORKING DAY.*

CHILD'S NAME: _____ FACSIS # _____ (for office use only)

INCIDENT DATE: _____ TIME: _____

DATE REPORTED: _____ TIME: _____

LOCATION OF INCIDENT:

(foster parent home, agency, school, etc.)

ALLEGED PERPETRATOR:

(if child not the perpetrator, note the child's relationship to the perpetrator)

ALLEGED VICTIM:

OTHERS PRESENT AT INCIDENT:

NATURE OF INCIDENT:

PHYSICAL AGGRESSION

SEXUAL BEHAVIOR

INJURY TO PERSON OR SELF

THEFT

VERBAL AGGRESSION

ACCIDENT

THREATS (to self or others)

FIRESETTING

DAMAGE TO PROPERTY

OTHER (please describe below)

MEDICAL ATTENTION REQUIRED?

YES

NO

ACTION TAKEN (check all that apply)

EMERGENCY BEEPER CALLED

SHERIFF/POLICE DEPARTMENT CALLED

TRI-COUNTY MENTAL HEALTH CRISIS LINE CALLED

PROBATION OFFICER CALLED

RESTRAINT

OTHER (please describe below)

NARRATIVE (what occurred, how you responded, etc., use back of form if necessary)

SUBMITTED BY: _____
FOSTER PARENT

DATE

RECEIVED BY: _____
STAFF

DATE

ACTION TAKEN (for office use only):