



INCIDENT REPORT

In case of injury, submit completed form to Rebuilding Together DC Alexandria within 24 hours.

Information on the person filling out this form:

Name _____		House Captain
Address _____		Team Leader
_____		Staff
Phone H _____ W _____		Volunteer
Did you witness the incident? (yes/no) _____		Other

Information on the injured individual:

Name _____		Homeowner
Address _____		Volunteer
_____		Other (explain)
Phone H _____ W _____		
Age _____ Male _____ Female _____		

Explain how and where the injury occurred (be thorough):

Describe injury: _____

When did the symptoms first appear? _____

Did you seek medical treatment? YES ___ NO ___ where and type: _____

Was this condition present prior to the person being injured? YES ___ NO ___:

List witnesses to the injury:

Name:	Name:	Name:
Phone:	Phone:	Phone:

Signature of person completing form

Date