

**KidsFirst Regina
Critical Incident Report Form**

KidsFirst Agency Reporting: _____

Incident Information:

Time: _____ Date: _____

Location: _____

Family Information:

Name: _____

Address: _____

Phone: _____

Was There a Child/Children Involved? If so, who?

Age

(1) _____

(2) _____

(3) _____

(4) _____

Was Staff Involved in Incident? If so, who?

What is the Major Concern?

What Happened? (If additional space is needed, use reverse or attach separate pages)

Recommendations arising from the incident to prevent the occurrence of a similar incident in the future.

Report Prepared by: _____ Date: _____
Signature

_____ Date: _____
Administrative Signature

Form Approved: March 15, 2006
Revised: June 2, 2006

Fax completed form to:
KidsFirst Regina Program Manager/Designate
766 6791