DESIGN FITNESS UNUSUAL INCIDENT FORM

Name of Person Completing Report:	
Report Completion Date/Time:	
Type of Incident	
☐Aggressive/Hostile/Violent Act	☐Theft
☐Misconduct	☐Property Damage
☐Emergency event: Fire, Water, Natural Disaster	☐Suspicious Activity
☐Emergency Event: Medical	☐Other:
Note: For personal/client injury on DF premises, complete the injury/illness incident report	

Location of Incident:		
Witness Present: (Yes or No)		**Witness Name:**

Describe the incident in chronological order, the best you can. Include events before or leading up to the incident:

Signature:	**Date:**

For Office Use Only			
Report Received By:		**Date:**	
Action Taken/Planned:			