



Client Incident / Accident Report

Client name: _____ Date of incident: _____

Details of incident (who, what, when, where, how), and be as detailed as possible (write on back or another piece of paper if needed): _____

Actions taken: _____

Synergy HomeCare supervisor/on-call supervisor notified: Yes No Time of call: _____ am/pm

Supervisor follow-up: _____

Family contacted: Yes No Name of person contacted: _____

911/Emergency Services called: Yes No

Additional comments: _____

Employee Signature

Date

Administrator/Alternate Signature

Date