



# Recovery Technology Client Involved Incident Report

Client Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Address where incident occurred (if known): \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

**Explanation of Where Incident Occurred:**

**Name of Persons/Witnesses Involved:**

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

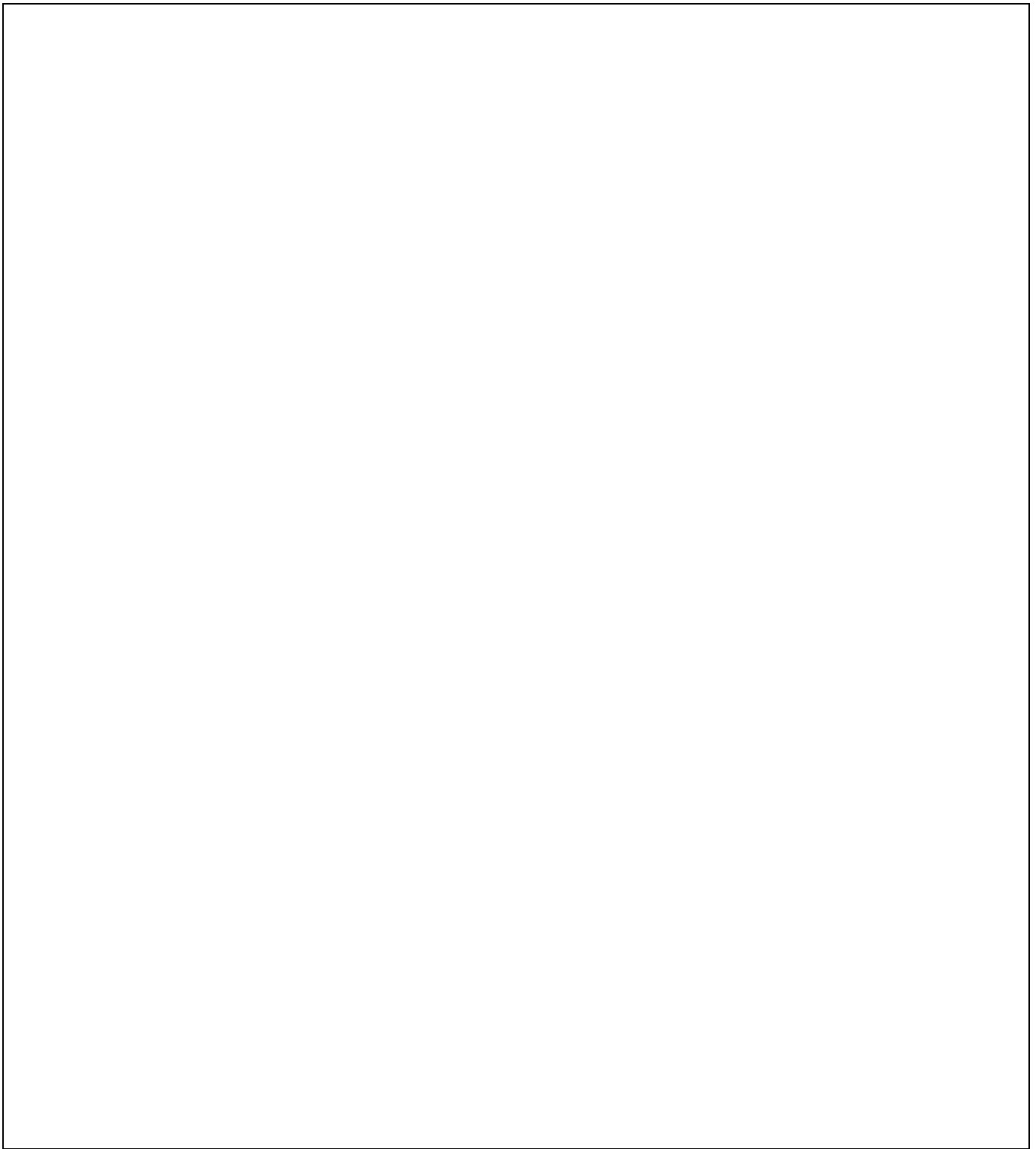
Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Explain What Happened:**



If you need additional space please attach.

**Action Taken by Staff:**

**Action Taken by Supervisor:**

Name of Person Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_