

**CLCM
FOSTER CARE INCIDENT REPORT**

CLIENT NAME: _____ **PROVIDER:** _____

CONCERN: (unusual incident, complaint, accident, injury – record specific details)
Start with Date, Time (a.m. or p.m.) and place of incident

Signature/Date Written

ACTION TAKEN:

Signature/Date Written

FOLLOW UP NEEDED:

Signature/Date

FINAL DISPOSITION:

Signature/Date

CC: Client File
FC Licensing File

Reviewed by:
Case Manager _____