

Child and Family Guidance Center  
180 Fairfield Ave., 2<sup>nd</sup> FL  
Bridgeport, CT 06604 – 4252  
Tel: 203 394 – 6529 ext. 3044 Fax: 203 384 – 8835  
swwitherington@cfguidance.org

**Foster Grandparent Program**

**INCIDENT REPORT**

Send this report to:

Sara W. Witherington, Program Director  
Foster Grandparent Program  
180 Fairfield Ave., Bridgeport, CT 06604 -4252

Note: Report must be sent  
in immediately after the  
incident.

Name of injured or ill person \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M\_\_ F\_\_ Time of Incident: \_\_\_\_\_ a.m. /p.m.

Date of incident: \_\_\_\_\_ Did Staff person witness incident? Yes \_\_\_No\_\_\_

State exact nature of incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give name and address of physician and hospital used (If any injury or illness occurred):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was done with ill/injured person and by whose orders? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give the names and address of three witnesses to the incident:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Give your opinion of the cause of the incident:

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Foster Grandparent Volunteer \_\_\_\_\_  
(Signature)

Date Submitted: \_\_\_\_\_

Site/School Supervisor: \_\_\_\_\_

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(Do not fill below this line – for office use only)

\_\_\_\_\_  
Date Received in FGP Office

\_\_\_\_\_  
Time Received in FGP Office

