

CALGARY HOMELESS FOUNDATION

SERIOUS INCIDENT REPORTING FORM

AGENCY:

PROGRAM NAME:

PERSON COMPLETING THIS REPORT:

CONTACT INFORMATION (EMAIL & PHONE NUMBER):

AGENCY EXECUTIVE DIRECTOR/LEAD NAME & CONTACT INFORMATION:

DATE & TIME WHERE INCIDENT OCCURRED:

TYPE OF INCIDENT (check which applies):

- Death**
 - Attempted Self-harm/Suicide**
 - Personal Information (as defined by FOIP) has been disclosed in breach of the terms of FOIP or your funding agreement**
 - Risk to Public Safety (including criminal charges related to violent/dangerous offences, ie; armed robbery, assault, assault with a weapon, arson, Form 10/mental health warrant)**
 - Allegations of Abuse (***)not including child abuse - these incidents must be reported to the proper authorities)**
 - FOIP Breach**
 - Abuse or serious harm to another program client/staff by a program client**
-

DESCRIPTION OF INCIDENT:

(NOTE: unless person/s involved have signed consent to share identifying information with the Calgary Homeless Foundation, please do not use the individual's names or identifying information)

DESCRIBE RESPONSE/ACTION TAKEN BY PROGRAM (include persons notified – who did you contact?):

DESCRIBE ANY ADDITIONAL ACTION TO BE TAKEN BY PROGRAM:

PLEASE NOTE ANY POLICY OR PROGRAM CHANGES TO BE CONSIDERED AS A RESULT OF THIS INCIDENT. Include what (if any) assistance you might require from the Calgary Homeless Foundation as a result of this incident (eg: legal counsel, media support, etc)

SIGNATURE OF PERSON COMPLETING REPORT

DATE

SIGNATURE OF EXECUTIVE DIRECTOR/AGENCY LEAD

DATE