



PARTICIPANT INCIDENT/ACCIDENT REPORT

Please check applicable center:

- Encinitas Center | 335 Saxony Road | Encinitas, CA 92024 | 760-635-1895
- Hillcrest Center | 3686 Fourth Avenue | San Diego, CA 92103 | 619-543-4704
- Town Square® | 2765 Main St. Ste. A Chula Vista, CA 91911 | 619-420-1703

Date of Incident: _____ Time of Incident: _____ 9-1-1 Called: ___ YES ___ NO

Witness(es):

Name: _____ Title: _____

Name: _____ Title: _____

Participant(s) Involved:

Name: _____

Age: _____ Sex: _____ Intake Date: _____

Name: _____

Age: _____ Sex: _____ Intake Date: _____

Summary of Incident*:

Report Submitted to: _____ Date: _____ Time: _____

Report Submitted by: _____ Date: _____ Time: _____

Report Reviewed by: _____ Date: _____ Time: _____

****Please attach Progress Note to this document.***

