SOLANO COUNTY 4-H INCIDENT REPORT FORM

INSTRUCTIONS

How to file an Incident Report Form

1. Use this form to report all ***non-medical*** incidents that pose health & safety concerns or potential violations of California 4-H Member or Leader Codes of Conduct. **(All medical accidents must use form LC-7533-1 "California 4-H Youth Development Program Accident Claim Form")**

2. Complete all sections of this form. Incomplete information may not be useful to the 4-H Youth Development Program Staff.

3. Give completed forms to your local 4-H Community Club Leader. In instances where that is not possible, or a 4-H Community Club Leader or Staff member is involved in the incident, mail this form to the Solano County 4-H Office. Keep a copy of this Incident Report Form for your records. **(Solano County UCCE Office, 501 Texas Street, 1st Floor, Fairfield, CA 94533.)**

4. Use the back of this form to briefly describe the incident you are reporting on. Include additional information as necessary to complete your report.

5. All relevant information must be reported to 4-H program staff. This information will be used by staff to conduct an inquiry into the incident, and to assist in rectifying the health and safety or Code of Conduct concerns.

6. Confidentiality of reports will be maintained according to University of California policies and guidelines. The University may release information at the time it is required by law enforcement or by court order.

SECTION I

Person Filing Report Form

Name: _____ Date of Incident: _____

Address: _____

Phone Number: (_____) _____4-H Club: _____

Are you a : 4-H Member ☐ 4-H Leader ☐ 4-H Parent ☐ Other ☐

SECTION II

Information Regarding Incident

Date and Time of Incident: _____Location: _____

Name of 4-H Activity: _____

Adult 4-H Event Coordinator/Supervisor: _____

Was anyone physically injured during incident? Yes ☐ No ☐
(If YES was an 4-H Accident Claim Form completed? Yes ☐ No ☐

Name(s) of individuals involved in incident:	4-H Member/Leader	Other Person
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

SECTION II

Information Regarding Incident (Continued)

Were there other witnesses to this incident? ☐ Yes ☐ No
(If YES please list their names below.)

Individuals who witnessed the incident: Person	4-H Member/Leader	Other
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

SECTION III

Narrative

Please explain briefly what happened in the space below. Use additional paper if necessary.

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I certify that the information contained on this 4-H Incident Report Form is true to the best of my knowledge.

Signature _____ **Date** _____