



CCC VISITOR INCIDENT or ACCIDENT REPORT

Volunteer Visitor's Name:

Contact details (email/phone number):

DETAILS OF INCIDENT or ACCIDENT

Location:

Date:

Time:

Brief Description:

Has the Care Facility staff been notified of the Incident or Accident?

NO: YES:

If 'YES' whom did you notify?

Were there any witnesses? NO: YES:

If 'YES', please provide name and contact details:

Have you verbally reported the incident or accident to a Caring Canine Companions Coordinator? NO: YES:

If 'YES', which Coordinator was notified. Please provide name:

Please sign and return this form to your Coordinator.

Signed:

Dated:

Date received by Coordinator:

Coordinator's signature:

Is further action required? NO: YES:

If 'YES' pass the form to the Assistant Coordinator for Insurance matters, who will follow up on further action required. OVER PAGE FOR ACTION.

