

Center for Allied Health Education Incident Report

Date of Incident: _____ **Incident Site:** _____

Student's Name: _____ **Course #:** _____

Description of Incident:

Action Taken:

Follow-up:

Program Director's Name _____

Program Director's Signature _____

Date Reviewed: _____

Allied Health Director's Name _____

Allied Health Director's Signature _____

Date Reviewed: _____