

INCIDENT OR CONCERN FORM



HACC	ISBAR for clear communication	
Identify	Date -	
	Worker -	Signature
	Client -	
Situation / Issue		
What has happened?		
Background		
Tell the story		
Relevant information		
Assessment		
Comment/ Concern		
Request		
Suggestions/ Solutions		
What actions do you think should happen?		

Have you completed an incident or near miss report (book located under the first aid box).

Yes

No

Not Applicable

Office Use

Action Taken /Outcome

Date: _____ Name: _____ Position: _____
