



**Catholic Charities,  
Diocese of Venice, Inc.**

**Staff/Volunteer – Incident/Accident Report**  
**Complete Within 24 Hours**

Program: \_\_\_\_\_

Name of Staff/Volunteer involved/injured : \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person filing report: (print) \_\_\_\_\_ Date of report: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Type of incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ ☐AM ☐PM

List full names of persons directly involved:  
Staff

Clients/Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List full names and phone numbers of witnesses: (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of incident (be specific) In addition, if agency vehicle was involved, complete the Accident Reporting Form (located in the glove compartment).

Immediate action taken: \_\_\_\_\_

Injured Staff referred to Workers' Compensation \_\_\_\_yes \_\_\_\_no (if no why not)

Workers' Compensation Procedure started \_\_\_\_yes \_\_\_\_no (if no why not)

Follow-up: \_\_\_\_\_

Recommendation for further prevention: \_\_\_\_\_

\_\_\_\_\_

Reporter's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ CFO

☐ PQI

☐ COO

☐ District Director

☐ Site Incident File