CALGARY HOMELESS FOUNDATION

SERIOUS INCIDENT REPORTING FORM

AGENCY: PROGRAM NAME:

PERSON COMPLETING THIS REPORT:

CONTACT INFORMATION (EMAIL & PHONE NUMBER):

AGENCY EXECUTIVE DIRECTOR/LEAD NAME & CONTACT INFORMATION:

DATE & TIME WHERE INCIDENT OCCURRED:

TYPE OF INCIDENT (check which applies):

- Death
- Attempted Self-harm/Suicide
- Personal Information (as defined by FOIP) has been disclosed in breach of the terms of FOIP or your funding agreement
- Risk to Public Safety (including criminal charges related to violent/dangerous offences, ie; armed robbery, assault, assault with a weapon, arson, Form 10/mental health warrant)
- Allegations of Abuse (***not including child abuse - these incidents must be reported to the proper authorities)
- FOIP Breech
- Abuse or serious harm to another program client/staff by a program client

DESCRIPTION OF INCIDENT:

(Note: unless person/s involved have signed consent to share identifying information with the Calgary Homeless Foundation, please do not use the individual’s names or identifying information)
PLEASE NOTE ANY POLICY OR PROGRAM CHANGES TO BE CONSIDERED AS A RESULT OF THIS INCIDENT. Include what (if any) assistance you might require from the Calgary Homeless Foundation as a result of this incident (eg: legal counsel, media support, etc)

____________________________________  _______________________
SIGNATURE OF PERSON COMPLETING REPORT  DATE

____________________________________  _______________________
SIGNATURE OF EXECUTIVE DIRECTOR/AGENCY LEAD  DATE