

Confidential



## Incident Report

Immediately following an incident, notify the Membership Director or Executive Director in the CH office. Incident report form MUST be completed and submitted to the CH office located at 1906 Pearl St., Austin, TX 78705. If possible, submit reports within 48 hours of an incident.

**Name of Person Submitting Report:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Where did the incident occur?**

Laurel     Halstead     Nueces     Opsis     Pearl     Taos     21<sup>st</sup>     Off-site

**Location of Incident** (i.e., kitchen, courtyard, room number): \_\_\_\_\_

**Date & Time of Incident:** \_\_\_\_\_

**Name of Involved Person(s):** \_\_\_\_\_  
\_\_\_\_\_

**Witness(es) to the Incident:** \_\_\_\_\_  
\_\_\_\_\_

**Incident Description:** (Please give names and/or any identifying information of people involved in the incident, nature of the incident. If injury or illness, give name of physician/hospital used, and a narrative of what occurred. Use additional pages, if necessary.)

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**Signature of Person Submitting Report:** \_\_\_\_\_

This report may be submitted to the house Director/MemCo or directly to the CH Office

## House Use Only

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Report Received by (Name and Title): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Report was Received: \_\_\_\_\_

Any follow up action taken at the house level:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*It is the responsibility of the Director/Trustee and/or Membership Coordinator to follow up with CH staff to provide any information concerning action taken at the house. \*\***

## Office Use Only Below This Line

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Report Received by (Name and Title): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of CH Review: \_\_\_\_\_

CH Action:

Received report

\_\_\_\_\_

Contacted person submitting report

\_\_\_\_\_

Contacted witnesses

\_\_\_\_\_

Contacted involved persons

\_\_\_\_\_

Hosted face-to-face meeting

\_\_\_\_\_

Verbal reprimand

\_\_\_\_\_

Written reprimand

\_\_\_\_\_

Internal notice to vacate

\_\_\_\_\_

CH Action(s): (how CH intends to handle the incident, any next steps required, or likely outcomes)

\_\_\_\_\_

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\_\_\_\_\_