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  ___21st  ___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.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Person Submitting Report: ____________________________
This report may be submitted to the house Director/MemCo or directly to the CH Office

House Use Only

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

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)

________________________________________
________________________________________
________________________________________
________________________________________