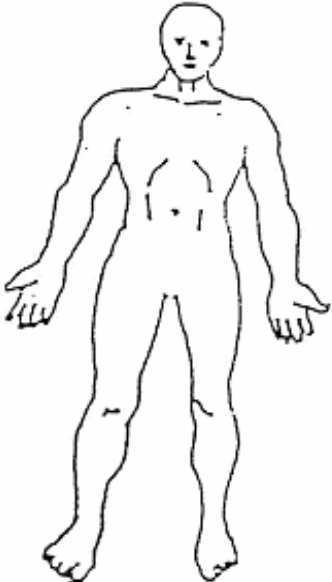
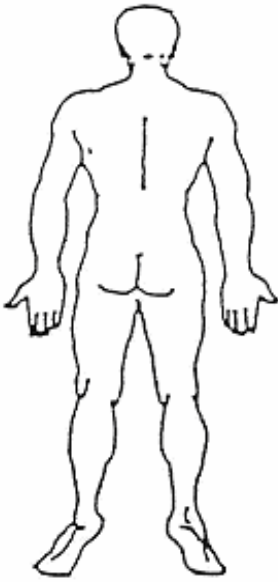




# INCIDENT REPORT

 <p>Name _____</p> <p>Staff initial _____</p>	 <p>Name _____</p> <p>Staff initial _____</p>
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Other Information:  
(describe location, size, etc.)

Supervisor's Follow-up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Copy of Report sent to DDD Field Services Office:	YES	NO
Date _____	To Whom: _____	

*All reports must be completed in Ink, Signed and Dated.*  
(Please turn page and complete, if physical injury occurred.)