

**Asylum Seeker Shelter Services - Incident Report Form**

(All sections must be completed. Insert N/A if it does not apply.)

Priority #:

HOST number:

WHO?

Name and title of all staff and security on duty at time of incident:

First Name	Last Name	Title

Persons involved; all individuals involved as well as their role in the incident.

G-S-V- SEC-O*	First Name	Last Name	Guest Number (G#) (if applicable)	Victim, Witness, Perpetrator
S				
S				

*G=Guest S=Staff V=Volunteer SEC= Security O=Other (state in description)

Emergency Responders. List all that apply

Responder*	Time Called	Time Arrived	Name	Badge	Unit	Arrest Made (yes or no)	Filled a report?	Comments

*NYPD, FDNY, EMS

WHAT?

Detailed description of the Incident (When writing, use quotes to denote the words of the caller. Limit paraphrasing.)

--

INJURIES:

Name	Type of injury	Removed to Hospital	EMS transport?	Hospital

WHEN?

Time notified of Incident: 5:35pm

Time of report: 2:30pm

Time of Incident:

Date:

Day of the Week:



WHERE?

Location of Incident (be specific):

Site Name:

Operations Manager:

Person Completing Report if Different:

Title:

OPERATIONS MANAGER SUMMARY: To be completed by the NYDIS Operations Manager or designee

IMMEDIATE ACTION TAKEN: (By on-site staff responding to the incident)

GUEST/STAFF STATEMENT ATTACHED, WHEN APPLICABLE.

[N/A] Policy Report Obtained

[N/A] Security Guard Report

REVIEW/RECOMMENDATION FOR FOLLOW-UP: To be completed by the Manager, Operations, and Manager, Compliance & Contracts



Director Shelter, Operations:

Date:

Manager, Compliance & Contracts:

Date:

Executive Staff (Director or above)

Typed Name: _____ Title: _____ Date: _____

Typed Name: _____ Title: _____ Date: _____

Typed Name: _____ Title: _____ Date: _____

Referred to NYDIS' legal counsel? [] Yes [X] No