

Project #: _____ Group Name _____ Homeowner _____



Rebuilding Together.
Arlington/Fairfax/Falls Church

INCIDENT REPORT

(This report is due no later than 24 hrs after incident occurs.)

Information on person completing the form:

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell/Work Phone _____
Email _____
Did you witness the incident? (yes/no) _____

Information on the injured individual:

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell/Work Phone _____
Email _____
Date of Birth _____ Gender _____

Individual Injured is: Homeowner/Occupant of home Volunteer Staff

How and where did the injury occur (explain fully): _____

Describe injury: _____

Was this condition already present before you were injured? Yes No

When did the symptoms first appear? _____

Did you seek medical treatment? Yes No

If so, where and what treatment? _____

Please list any witnesses to the injury:

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Signature of person completing this form

Date

CALL Rebuilding Together to report incident at (703) 528-1999
Return this form to: Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Fax: (703) 528-1197 E-mail: info@rebuildingtogether-aff.org