North Dakota 4-H Incident Report

(Please note: This is not an accident/injury form. Use the Employee and Non-employee Incident Reporting Forms provided by NDSU and follow their instructions)

A 4-H Incident Report should be completed and filed anytime a 4-H participant (youth and adult) becomes ill, requires medical attention, violates the code of conduct, requires disciplinary action, and/or engages in a behavior which might bring discredit to 4-H, North Dakota State University, or NDSU Extension. When in doubt about the need to complete an incident report, complete one. Using good judgment related to each situation, copies of the report may be sent to:

- Parent/guardian of the 4-H member(s) involved in the incident
- Local Extension Office
- District Director
- State 4-H Administrator (Chair, Center for 4-H Youth Development)
- Retain a copy for your use

The incident report is designed to document who, what, when, why and where and the situation was handled. It provides documentation to describe the situation.

Please provide the following information:

Date report was prepared: ___________  Time report was prepared: ___________  Prepared by whom: ___________

Name of individual involved (complete one for each person involved): ________________________________

Individual’s County (if applicable): ___________  Age: ___________

Type of Incident (circle one): Behavioral  Illness  Other (describe) ________________________________

Date of Incident: ___________  Time of Incident: ___________  Location of Incident: ________________________________

Name and Contact Information of Staff/Volunteer in Charge: ________________________________

Describe what happened:

Explain action taken (list actions in order with detailed descriptions of the incident, use additional pages if necessary):

Parent/Guardian First Notified: Date ___________  Time ___________  By Whom ________________________________

Please provide details and times of each conversation:

Witnesses (Note other adults consulted or involved in incident):

Name: _______________________  Address: _______________________  Phone: _______________________

Name: _______________________  Address: _______________________  Phone: _______________________

Name: _______________________  Address: _______________________  Phone: _______________________

Form completed by _______________________  Date ____________________

(Signature)
1. Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time. What had preceded in terms of type of activities?)

2. Location (e.g., where did the incident occur, workshop/activity space, in relation to instructor/supervisor and other participants?) A diagram is frequently helpful.

3. Just exactly what was the person involved doing and how did the incident occur? What was going on? Who was involved?

4. What action could have been taken to prevent the incident? (If appropriate, might ask the person involved what he/she could have done to prevent it.)

5. Action taken at time of incident:

6. Action taken as follow-up to incident:

FOLLOW-UP REQUIRED:

Person(s) completing all or part of report:

Signature
______________________________
Title
________________________________
Date
______________________________

Signature
______________________________
Title
________________________________
Date
______________________________

Person completing Follow-Up of Report:

Signature
______________________________
Title
________________________________
Date
______________________________

Extension Staff Signature
______________________________
Date
______________________________

Incident Follow-Up Final Report
(Please submit this form within 30 days after incident is considered closed.)

Incident description: ___________________________________________  Date of incident: __________________________

Incident reported by: ___________________________________________  To 4-H State Office on: __________________________

Written incident report submitted on: _____________________________  Emergency contact person: ________________

Brief re-cap of incident:

Follow-up information not previously reported (insurance utilized and outcome/status of related claims):

Suggestions for procedures that might help others handle, avoid, or minimize such an experience:

Form completed by _____________________________________________ Date __________________________
(Signature)