

Blue Earth County Human Services Incident Report

Date Completed: _____

To be used when: (1) a child is injured; (2) any use of spanking, hitting, corporal punishment; (3) restraining child out of control; (4) drug use, attempted suicide, assault on others, etc.; (5) conflict with biological parent.

Name (last, first, middle initial)		Date of Birth
Address (group home)		
Date of Event	Time (am/pm)	Place

Who has custody? _____

Persons involved: _____

Persons contacted (dates): _____

Describe incident (be specific, define terms): _____

Action taken: _____

Referred to (dates): _____

Potential problems: _____

Attached supporting documents: _____

Foster Parent	
Family's Social Worker	Foster Care Social Worker

Incident reports are to be sent to the foster care licensing worker and will be filed in the licensing records.