

CLIENT INCIDENT REPORT

SPEECH, LANGUAGE, AND EDUCATIONAL ASSOCIATES
16500 Ventura Blvd., Suite 414
Encino, CA 914367

(818) 788-1003

Personnel Involved: [Click here to enter text.](#)

Location of Incident: [Click here to enter text.](#)

Date and Time of Incident: [Click here to enter text.](#)

Name of Client: [Click here to enter text.](#)

Witnesses Names: [Click here to enter text.](#)

Description of Incident: [Click here to enter text.](#)

Part of body injured: [Click here to enter text.](#)

Nature of injury (scratch, cut, bite): [Click here to enter text.](#)

Action Taken: [Click here to enter text.](#)

Name of Supervisor: [Click here to enter a date.](#)

Sign and Date: [Click here to enter a date.](#)

Send to Human Resource Director (Druiz@speechassociates.com)