

# Incident/Accident Reporting Form

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

## **Persons Involved**

San Miguel County Detention Center	
Resident	
Elected Official *	
Supervisor*	
Employee*	
Contractor	

**Description of Location:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of Incident Accident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Medical or Law Enforcement Required**

Medical Required	
Law Enforcement Required	
Investigation Required/Incident Report	
Safety Committee Review Required	