

# Incident Report Form

## General Information

Name of Nonprofit Organization			ANI/NIAC Policy Number		
Name of Contact			Title		
Nonprofit Address - Street		City	State	Zip	
Business Phone # ( )	Ext.	Business Fax # ( )	E-mail Address		

## Incident Information

Date of Incident	Day of Week (circle one) Mon Tue Wed Thurs Fri Sat Sun	Time of Incident AM / PM	Did the incident occur on organization's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident (if possible, take pictures of the area with a digital or disposable camera)			
Description of Incident (A brief factual account of the incident; include who was involved, how the incident occurred and what action is being taken in response to the incident. Use the back of the sheet if more space is needed.)			

## Witness Information

	Name and Address	Daytime Phone	Email Address	DOB
1.				
2.				



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*Including*

**ALLIANCE OF NONPROFITS FOR INSURANCE (ANI) &  
NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)**

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