



**KELLOGG COMMUNITY COLLEGE
CLINICAL EDUCATION
INCIDENT REPORT***

*This report is intended for use in reporting incidents at a clinical facility in which there was patient (client) involvement. It is intended for college use only, and does not replace the incident report filed at the clinical facility.

Student Name _____ Client Name _____

Clinical Facility _____ Clinical Instructor _____

Date of Incident _____ Time of Incident _____

Description of Incident

Follow-up/Corrective Action _____

Change in client status following the incident? If yes, explain. _____

Student Signature _____ Date _____

Review by _____ Date _____

COMMENTS:
