



Argent Technologies, LLC

Professional and Allied Health Care Services

Incident Report Template

REPORTED BY: _____ DATE OF REPORT: _____
TITLE / ROLE: _____ INCIDENT NO.: _____

INCIDENT TYPE: _____ DATE OF INCIDENT: _____
LOCATION: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SPECIFIC AREA OF LOCATION (if applicable): _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____
2. _____
3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____
2. _____
3. _____

POLICE REPORT FILED? _____ PRECINCT: _____
REPORTING OFFICER: _____ PHONE: _____

FOLLOW UP ACTION

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

SUBMIT TO:
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