# Cruz Roja – Delegation Chapala

## *Incident Report*

Date of Report: _____

Date & Time of Incident: _____

Location of Incident: _____

Witnesses: _____

_____

Submitter Name, Phone Number & Email: _____

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Narrative: (*Explain what happened in detail; including the patient's name, the chronology of events, and what was said and by whom.*)

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**Submit Form to:** *Norm Pifer 766-0616 or Charlie Klestadt 766-3671*

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*To be completed by CRIVC*

Report Taken By: _____

Investigated By: _____

Response Given (To whom and Date): _____

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