Westwind Foster Family Agency

2901 Macdonald Ave. Richmond, CA 94804 (510) 233-2728

Please complete this form immediately after an incident occurs with your foster child/ren. You must phone the incident and give this written report to the social worker as soon as possible.

Today's Date: _____ **Date and Time of Incident:** _____

Foster Parent: _____ **Address:** _____

Person writing report: _____

Persons Involved in the Incident				
Name	**Status / Title** (Foster child, etc)	**Date of Birth** Foster child only	**Age**	**DOP** (Date of Placement)

Reporting Person's Account: Please describe incident including what happened, to whom, when, how, and action taken or requested by foster parent). Use other side of paper if not enough space.

If medical treatment received:
Name, phone # and address of Doctor / Hospital _____
_____
Name of all medications and/or treatment prescribed _____

If police report filed:
Officer's Name and Badge #:_____
Report Number: _____