



## Incident Report

**PLEASE NOTE**  
 Retain a copy for your records and return this signed original form to the CAYA Provincial Office

### 1. Client Information

Date of form completion (mm/dd/yyyy)	CAYA Client: surname, given name(s)
Person completing this form?	Telephone # Email:
Address:	

- CAYA Partner  
 Caya Client  
 Caya Staff  
 Other

### 2. Equipment Information

Provide CAYA ID number and the name of item(s). Attach a separate list if more space is required.

CAYA ID Number	Item Name	Lost/Stolen	Damaged
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Incident Report

Describe the nature of the incident in the spaces provided. Attach additional information if more space is required.

**Location** of the incident e.g. kitchen at home, shopping mall, etc.

\_\_\_\_\_  
**Person reporting incident**

\_\_\_\_\_  
**Relationship to client** e.g. guardian

\_\_\_\_\_  
**Date of incident**

Please provide details of the incident:

**STOLEN EQUIPMENT?** Complete this section if the equipment was stolen. Circle answers below:

**Police Notified?** Yes  No  **Police Report Filed?** Yes  No  **File #** \_\_\_\_\_

How will CAYA be reimbursed?  Insurance  Family  Other

**Signatures:** Primary Contact \_\_\_\_\_ Alternate Contact \_\_\_\_\_

### CAYA USE ONLY

CAYA Compensation Requirement:

Equipment Safety Plan Required? Yes No

Replacement Provided? Yes No

CAYA Manager \_\_\_\_\_