



Incident Report Form

Date of Incident:

Time:

Incident Details

Person Reporting

Name:

Role:

Work Email:

Phone Number:

Client Involved in the Incident (if applicable)

Name:

Email:

Phone Number:

Location of the Incident

Did the incident happen during a Client Care Session?

Yes

No

On which video conferencing platform did this incident take place?

Zoom

Medexa Telehealth Module

Other (please specify):



Description of the Incident:

Please provide a detailed summary of the discriminatory behaviour or harassment incident, including any specific actions, statements, or behaviours that occurred. If applicable, including relevant dates and times, as well as any witnesses present.

Actions Taken (if applicable)

Please describe any actions you have taken in response to the incident. This may include any immediate steps taken to address the situation.

Witnesses

Name:

Email:

Phone Number:

Additional Comments

Please include any additional comments, information, or concerns that may be relevant to this incident.

Supporting Evidence

Please submit any supporting evidence such as emails, text messages, chat logs, and screenshots/ screen recordings as email attachments.



Signature:

Date:

By signing above, I confirm that the information provided in this incident report is true and accurate to the best of my knowledge.