



GCGH Policy Directive

Non Injury Related Incident Report

Date of Report: _____
 Reported by: _____
 Email Address: _____
 Phone Number: _____
 Title/Role: _____ Please specify: _____

Incident Information

Date of incident: _____
 Location: _____
 Incident Description:

Name & role of those involved in incident(s):

Actions taken to rectify the incident (if applicable):

Desired outcome:

Signature (type): _____ Date: _____

TO BE COMPLETED BY GCGH:

Follow-Up Action/Meeting:

Name: _____ Date: _____

Once Completed, form is to be submitted to GCGH Secretary at secretary@gcgh.ca