S.A.Y. Yes!® Centers for Youth Development **INCIDENT REPORT**

(Confidential)

Date: / /

Time of Incident:

Time report written:

S.A.Y. Yes!® Staff or Volunteer Reporting:

Other adults present at the time:

Name of child: Age of child:

Incident:

Are there any marks or bruises on the child? (Please list)

Signatures of all adults present:

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