TURNING POINT FAMILY CARE
PO BOX 789, WASHINGTON, UT. 84780
VOX: 435.674.7421 FAX: 435.674.3175

**Juvenile(s) Involved:**

| | Case # | Last, First, Middle Name | | Case # | Last, First, Middle Name |
|---|---|---|---|---|---|
| 1) | | | 4) | | |
| 2) | | | 5) | | |
| 3) | | | 6) | | |

| Date | | |
|---|---|---|
| MM | DD | YY |
| | | |

| Time of Incident |
|---|
| Military Time |
| |

| Incident Location |
|---|
| |

| Staff on shift: | | Witness(es): | |
|---|---|---|---|
| 1) | | 1) | |
| 2) | | 2) | |
| 3) | | 3) | |
| 4) | | 4) | |
| 5) | | 5) | |

| Description of Incident: |
|---|
| |

| Action Taken: |
|---|
| > |

| OFFICE USE ONLY | |
|---|---|
| Incident # | |

>
**Name of Reporter**

>
**Signature of Reporter** **Title of Reporter** **MM** **DD** **YY**