



**ROYAL GOVERNMENT OF BHUTAN  
NAME OF HCC  
DZONGKHAG**

<b>INCIDENT REPORTING FORM</b>	
<b>Ref. Notification No.</b>	
Summary of incident (be specific, precise and detailed possible) use additional sheet if required	
Findings of Internal Investigation	
Corrective Actions	
<b>Notification</b>	<b>Signature of Reporter:</b>
<input type="checkbox"/> Notified supervisor	<b>Name &amp; Signature of Supervisor:</b>
<input type="checkbox"/> Taken/consulted to Physicians	
<input type="checkbox"/> Notified Police	
<input type="checkbox"/> Notified Parents or Next of Kin	
<input type="checkbox"/> Staff debriefing/training	
<input type="checkbox"/> Notified to QA Unit _____ (Date)	
<input type="checkbox"/> Other (specify):	
Submit report within 7 days of the incident occurrence. Reference notification will be issued by QA Unit following the immediate notification earlier to report submission.	
<b>For QA Unit Use only</b>	
Date of Report received: _____ Entry in Database: _____	
<b>Name &amp; signature:</b>	