



Department of Educational and Counselling Psychology  
Psycheducational and Counselling Clinic

## *Incident Report*

Client Name: \_\_\_\_\_ Client Code: \_\_\_\_\_

Trainee Name: \_\_\_\_\_ Trainee McGill ID: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Date of Supervision: \_\_\_\_\_

- Type of Incident:
- Threat of Imminent Harm to Self
  - Threat of Imminent Harm to Other
  - Report of Child Abuse
  - Other: \_\_\_\_\_

Summary:

Action Taken and Outcome:

Signature of Course Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_