



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: _____