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BEHAVIORAL HEALTH
SPECIALISTS, INC.

YOUTH AND FAMILY SERVICES

INCIDENT NARRATIVE

YOUTH'S NAME: _____

DATE OF INCIDENT: _____

PERSON COMPLETING INCIDENT REPORT: _____

Describe the events leading up to the incident:

Describe the incident in detail:

Describe the follow-up to the incident:

Signature of Person Reporting

_____/_____/_____
Date

Signature of Coordinator

_____/_____/_____
Date