

**HOPE AACR MEMBER INCIDENT REPORTING DOCUMENT**

Use this form for a non-member witness to report an incident that involves a HOPE member with a canine. All forms should be submitted to the HOPE Regional Manager.

Witness Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Best times to contact you \_\_\_\_\_

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**WHO** / Please indicate those involved in the incident. Use additional sheets as needed.

HOPE Handler \_\_\_\_\_ HOPE Canine \_\_\_\_\_

HOPE Handler \_\_\_\_\_ HOPE Canine \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other's role at incident: \_\_\_\_\_

**WHERE** / Deployment or Event Address \_\_\_\_\_

**WHEN** / Date & Time of Incident \_\_\_\_\_

**WHAT** / Please provide a detailed, factual, step-by-step description of the incident.

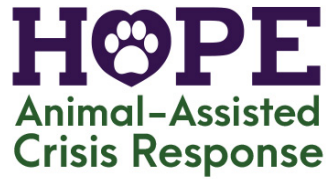
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**NOTE: HOPE members and dogs involved in an Incident are placed on inactive status immediately. They must cease any current HOPE activities, including visits, deployments, workshops, events, and presentations, while the Incident is reviewed.**



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**COMPLETE THIS SECTION IF AN INJURY OCCURRED AND WITNESS WAS INVOLVED**

Name of injured \_\_\_\_\_  Human  Canine

Address of injured \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of injury \_\_\_\_\_

\_\_\_\_\_

Was First Aid Given?  Yes  No If yes, by whom? \_\_\_\_\_

Did anyone need to consult doctor/veterinarian?  Yes  No

Medical Professional \_\_\_\_\_

Will further medical treatment be required  Yes  No

Any additional details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form should be delivered to the Regional Manager as quickly as possible (no more than 48 hours). If you have any questions, please contact the Regional Manager. ([hopeacr.org](http://hopeacr.org))**

HOPE AACR will make every effort to promptly get a report from all parties involved as appropriate. HOPE AACR will investigate and determine a course of action.

Please allow 2-4 weeks for completion of the process, possibly longer depending upon complexity of the incident and number of parties involved. (Time zone differences can play a part in the length of time it takes to complete the process.)

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For HOPE AACR Office use Only

Date HOPE AACR Received Report \_\_\_\_\_ Date Report Filed \_\_\_\_\_