

## EXHIBIT C – UNUSUAL INCIDENT REPORT

An Unusual Incident Report (UIR) should be completed if an incident occurs that involves a Human Services Department (HSD), client, volunteer, vendor or provider’s property or vehicle. An unusual incident is an incident that involves an injury to contractor staff or client, hospitalization from an incident, death, property damage including theft and vandalism to an HSD asset, and any other incident that may be considered newsworthy by the media or incur liability to the City of Phoenix. If there is an immediate threat to anyone’s safety or a crime is in progress—DIAL 911. If the threat or criminal activity is NOT immediate, contact the local police via non-emergency phone and file a report. Complete this form, including supporting documentation and email to: [daniela.canisales@phoenix.gov](mailto:daniela.canisales@phoenix.gov)

**Within one work day** for incidents involving: injury to a client in the care, custody and control of HSD; or injury to the general public that occurs in the performance of the scope of services of this Contract.

**NOTE:** An Unusual Incident Report is a confidential, internal document and cannot be released to anyone outside the City without the specific approval of the City.

NAME(s) OF PERSON(s) INVOLVED	NAME(s) OF PERSON(s) INVOLVED
NAME(s) OF PERSON(s) INVOLVED	NAME(s) OF PERSON(s) INVOLVED
NAME(s) OF PERSON(s) INVOLVED	NAME(s) OF PERSON(s) INVOLVED

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT (No., Street, City, State, Zip)	
DRIVER NAME AND ID NUMBER		TAXI COMPANY NAME AND ADDRESS	
TAXI COMPANY TELEPHONE	TAXI COMPANY FAX	TAXI COMPANY EMAIL	
WAS LAW ENFORCEMENT NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, by whom?)		NAME OF LAW ENFORCEMENT AGENCY	POLICE REPORT NO.

BRIEFLY DESCRIBE THE INCIDENT IN CHRONOLOGICAL DATE/TIME ORDER, INCLUDING PAST INCIDENTS THAT MAY HAVE LEAD TO THE CURRENT INCIDENT BEING DESCRIBED. Include separate sheet if necessary, type or print clearly and include description of property damage, if applicable.)

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Signature of Individual Making the Report: \_\_\_\_\_ Date: \_\_\_\_\_