



SLEEP HEART HEALTH STUDY

Incident Report Form

Instructions: This form is to be completed if a SHHS participant or other party behaves inappropriately or otherwise victimizes (e.g., harassment, assault, or other inappropriate act) SHHS staff in conjunction with a home or field site office visit. Fax completed form to the SHHS Coordinating Center (410-955-0932, Attn: SHHS Project Coordinator) within 48 hours of the incident. Original form should be kept on file at the field site office.

Do not use names or any other personal identifiers of SHHS participants or persons related/connected to SHHS participants on this form.

1. Field Site: _____

2. Date of incident: _____

3. Place incident occurred:

Participant's home Field Site Office Other, *specify:* _____

4. Describe incident in the space below. If additional space is needed, description may be continued on a separate page. **Do not use names of the SHHS staff, SHHS participants or persons related to or connected with the SHHS participant in the description.**

5. Describe any injuries sustained by SHHS staff as a result of incident:

6. If SHHS staff received medical attention at the time of incident, describe:

7. Was a police report filed? Yes No

8. Site Principal Investigator or Co-Investigator should use this space to explain what was done upon learning of the incident (e.g., report filed with university or other entity, participant contacted). **Do not use names of SHHS staff, SHHS participants or persons related to or connected with the SHHS participant in the description.**

Administrative information

9. Printed name of Investigator completing item 8: _____

10. Signature of Investigator completing item 8: _____

11. PIN of person reviewing this form: _____

12. Date form completed: _____