**Sample CNC Serious Occurrence Report Form**

**SPO Name:**

**Site Name:**

**Phone Number:**

**Name of Coordinator:**

**Name of IRCC Officer:**

|  |  |
| --- | --- |
| **Date and Time:** | **Name of person reporting:** |
| **Name(s) of witnesses:** | |
| **Description of the Occurrence:** | |
| **Description of actions taken:** | |
| **Follow up Actions:** | |

**Has the occurrence been resolved?**  **Yes**  **No**

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_