

Telemedicine Malpractice Incident Report Form

Report Date

Reporter Name

Contact Information

Patient Name or ID

Date of Incident

Time of Incident

Location (e.g., platform, app, clinic)

Healthcare Provider(s) Involved

Type of Malpractice Incident

Description of Incident

Pertinent Details / Sequence of Events

Immediate Actions Taken

Witness(es) (if any)

Attachments (e.g., screenshots, documents)

Choose File

No file selected