**Incident Report (Scan Version)**

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| **IDENTIFYING INFORMATION** | | | |
| **NAME:** | **CASE #:** | **DOB:** | **GENDER:**   MALE  FEMALE  OTHER |

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| **FACILITY INFORMATION** | |
| **FACILITY/HOME NAME:** | |
| **LICENSEE/ORG. NAME:** | **LICENSE #:** |
| **ADDRESS/CITY/STATE/ZIP:** | |

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| **NAME OF PERSON(S) INVOLVED/WITNESS:**  **PHONE #:** | | |
| **WHEN DID INCIDENT OCCUR OR WAS DISCOVERED?** | | |
| **INCIDENT DATE:** | **INCIDENT TIME:**  A.M.  Check if unknown  P.M. | **DISCOVERED DATE:** |

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| **WHERE DID INCIDENT OCCUR?** | | | |
| **INCIDENT LOCATION:** | | **PLACE/ADDRESS OF INCIDENT:** | |
| **EXPLAIN WHAT HAPPENED:** | | | |
| **ACTION TAKEN BY STAFF:** | | | |
| **DID DEBRIEFING OCCUR?**  YES  NO | | | |
| **ACTION TAKEN BY SUPERVISOR/AGENCY TO REMEDY AND/OR PREVENT REOCCURRENCE OF INCIDENT:** | | | |
| **IF THIS WAS A BEHAVIORAL ISSUE, WAS IT ADDRESSED IN:**  IPOS  BTP  SAFETY PLAN  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **WAS 9-1-1 CALLED?**  YES  NO  **BY WHOM?**   STAFF  CONSUMER  OTHER | |
| **IF PHYSICAL INTERVENTION OF STAFF WAS USED DURING INCIDENT, INDICATE START AND END TIME OF PHYSICAL INTERVENTION.** | **START TIME:**  A.M.  P.M. | | **END TIME:**  A.M.  P.M. |
| **DID THE CONSUMER FALL?**  YES  NO | **IF YES, FALL REPORT INCLUDED?[[1]](#footnote-1)**  YES  NO | | |

**PERSON(S) NOTIFIED PERSON(S) NOTIFIED**

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| **ADULT FOSTER CARE LICENSING NAME:**  BY PHONE  BY FORM | **NOTIFICATION DATE/TIME:** | **OFFICE OF RECIPIENT RIGHTS:**  BY PHONE  BY FORM | **NOTIFICATION DATE/TIME:** |
| **RESPONSIBLE AGENCY/CASE MANAGER:**  BY PHONE  BY FORM | **NOTIFICATION DATE/TIME:** | **DESIGNATED REPRESENTATIVE/LEGAL GUARDIAN:**  BY PHONE  BY FORM | **NOTIFICATION DATE/TIME:** |
| **ADDITIONAL SIGNATURE:**  BY PHONE  BY FORM | **NOTIFICATION DATE/TIME:** | **ADDITIONAL SIGNATURE:**  BY PHONE  BY FORM | **NOTIFICATION DATE/TIME:** |

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| **SIGNATURE OF PERSON COMPLETING REPORT:** | **PRINT NAME & TITLE:** | **DATE & TIME COMPLETED:**  A.M.  P.M. |
| **SIGNATURE OF LICENSEE/ADMINISTRATOR:** | **PRINT NAME & TITLE:** | **DATE** |

1. If the consumer fell, a fall report form must be submitted with the incident report. [↑](#footnote-ref-1)