**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)