



INCIDENT REPORT

(All reports must be written and forwarded to the affected area's supervisor/designee within 24 hours)

NAME OF PERSON INVOLVED: _____

(Write an Incident Report on each consumer involved in the incident. Use only initials of other consumers involved.)

DATE OF OCCURRENCE: _____

TIME OF OCCURRENCE: _____

LOCATION (Building, address, etc.): _____

CHECK ALL THAT APPLY: (Critical Incidents)

<input type="checkbox"/>	Restraint/Physical Intervention
<input type="checkbox"/>	Accident/Injury/Illness/Situation requiring medical attention
<input type="checkbox"/>	Unauthorized leave (runaway)
<input type="checkbox"/>	Property Damage
<input type="checkbox"/>	Medication Error
<input type="checkbox"/>	Other

NARRATIVE: (Use only initials of other persons involved.)

Describe incident - be specific and descriptive. Additional sheets are attached

Names of individuals notified of incident: _____

Signature of Person completing report

Print Name and Title

Date

Supervisor's follow-up and comments:

(When processing, ask yourself what went well, and what could have been done differently to prevent recurrence?)
(Use following sheet to solicit statements from those involved)

Signature of Supervisor/Designee

Date of follow-up

(Forward to director of quality improvement within three (3) business days)

Internal Review



Statements of Those Involved

Statement: _____

Individual: _____

Statement: _____

Individual: _____

Statement: _____

Individual: _____



INTERNAL REVIEW SHEET

(Note: An Internal Review Sheet is to be completed if corrective action is needed or trends are identified.)

DATE OF OCCURRENCE: _____ **PROGRAM:** _____

QI follow-up or comments:

Signature of Director of Quality Improvement
(This review to be completed within three (3) business days)

Date of follow-up

Additional Executive review necessary Yes No

Additional Executive review:

Signature of Executive Staff
(This review to be completed within seven (7) business days)

Date of follow-up