

CRITICAL INCIDENT COVER SHEET

CONFIDENTIAL

TO: FGI

FAX NUMBER: 970-226-2613

PHONE NUMBER: 970-226-2345

DATE:

Total number of pages including cover sheet:

SUBJECT: CRITICAL INCIDENT

NOTE: *Incident reports must include all information required by Rule 16.560 B and must be legible.*

Type of Incident: (At least one category must be checked)

- | | | |
|---|---|---|
| <input type="checkbox"/> MANE resulting in: | <input type="checkbox"/> Serious injury | <input type="checkbox"/> Victim of Crime |
| <input type="checkbox"/> Injury or death | type _____ | type _____ |
| <input type="checkbox"/> Adverse medical/health outcome | <input type="checkbox"/> Medical crisis | <input type="checkbox"/> Serious criminal offense |
| <input type="checkbox"/> Crime against person | <input type="checkbox"/> type _____ | type _____ |
| <input type="checkbox"/> Police involvement | <input type="checkbox"/> H1N1 | |
| | <input type="checkbox"/> confirmed | |
| | <input type="checkbox"/> suspected | |
| | <input type="checkbox"/> Missing person | <input type="checkbox"/> Death of Client |

Agency Contact Person: _____

Contact Telephone #: _____ **E-mail:** _____

Agency Comments: _____

Medicaid **Non Medicaid** **Program:** _____

Usual Living Situation: _____