Incident Report Form

(Please Print) *Consumer Name:*		*Date of Incident:*
Agency/Program:		
Code (s):		
Time of Incident: ☐ *a.m.* ☐ *p.m.*	*Place of Incident:*	*Duration:*
(Check One) Incident was observed directly: ☐	*Incident was reported to agency:* ☐	
If incident is behavioral, is behavior likely to reoccur: Yes ☐ *No* ☐ *(check one)*		

Describe what was happening prior to incident and possible causes of the incident:

Detailed description of incident:

Describe action taken or treatment given and/or Instructions from Nurse's Observations during time of incident or during follow-up around time of incident:

Is there anything that could have been done differently before, during, or after this incident to have kept incident from occurring?

Witness/Others Involved: _____

Name of person reporting: _____ *Date Reported:* _____

(PLEASE PRINT LEGIBLY)

Persons Notified:

Parent/Guardian _____ *Date* _____

Case Manager _____ *Date* _____

Other _____ *Date* _____

Health Care Staff _____ *Date* _____

Incident needs to be reviewed by HRC? *Yes* ☐ *No* ☐ *Incident needs reviewed by Adult Protection?* *Yes* ☐ *No* ☐

Is this a critical incident? *Yes* ☐ *No* ☐ *Incident needs reviewed by Law Enforcement? ?* *Yes* ☐ *No* ☐

Does the incident require a follow-up form? *Yes* ☐ *No* ☐ *Anticipated Completion Date:* _____

Name of person responsible for follow-up: _____

What is follow up: _____

Signature of Coordinator/Supervisor:_____ *Date*:_____

Signature of Director or Designee:_____ *Date:*_____

Case Manager Comments:

Signature of Case Manager:_____ *Date:*_____

Copies Sent By Case Manager To:

Service Agency ☐
Parent/Guardian ☐
Other: ☐
_____

CC (made by PASA):
_____
_____
_____
_____
_____

Incident ID Number:
_____