

## Incident Report

All incidents must be reported within 24 hours of the incident or within 24 hours of when the program became aware of the incident. A separate form must be completed for each person – do not use identifying information, such as names or initials, if the incident involved another person receiving services.

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  am /  pm

Location of incident: \_\_\_\_\_

Person name: \_\_\_\_\_

Program Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**I. Incident Type** (check all that apply):

- Death or serious injury (Must also be reported using the forms from the [Office of Ombudsman for Mental Health and Developmental Disabilities](#))
- Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires the program to call 911, physical treatment, or hospitalization
- Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team
- An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department
- Unauthorized or unexplained absence from a program
- Conduct by a person against another person that: is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program
- Any sexual activity between persons that involves force or coercion
- Any emergency use of manual restraint (Also refer to Emergency Use of Manual Restraint Policy)
- A report of alleged or suspected child or vulnerable adult maltreatment (Also refer to Maltreatment of Minors or Vulnerable Adults Reporting Policy)
- Other (for internal documentation purposes only; not required to report): \_\_\_\_\_

**II. Description of incident:**

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**III. Description of staff response to the incident:**

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Applicable coordinated service and support plan addendum(s) were implemented for the person(s) involved.

Applicable program policies and procedures were implemented as written.

Staff person(s) who responded to the incident: \_\_\_\_\_

\_\_\_\_\_  
Print name of reporting staff

\_\_\_\_\_  
Signature of reporting staff

\_\_\_\_\_  
Date

No external notifications made (only if incident does not meet criteria for a required Incident Report).

**IV. Persons Notified (within 24 hours of the incident)- Completed by Program Manager**  
*For incidents that do not meet the criteria for a required Incident Report (i.e. those marked as "Other"), notification of other parties is not required, but may be completed if desired.*

Case manager: \_\_\_\_\_  
Name Date Time

Legal representative or: \_\_\_\_\_  
designated emergency contact Name Date Time

Common Entry Point – see VA policy for phone numbers: \_\_\_\_\_  
**(Notified of suspected maltreatment only)** Date Time

Ombudsman – 651.757.1800: \_\_\_\_\_  
**(Notified of death and serious injuries only)** Date Time

DHS Licensing – 651.296.3971: \_\_\_\_\_  
Office of Health Facility Complaints notified for ICF/DD Date Time  
**(Notified of death and serious injuries only)**

Other: \_\_\_\_\_  
Name Date Time

Other: \_\_\_\_\_  
Name Date Time

Other: \_\_\_\_\_  
Name Date Time

**V. Additional Program Manager Comments:**

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Print name of Program Manager Signature of Program Manager Date