



INCIDENT REPORTING

Report Number: _____

Section 1: Background Information

Client/Resident Name: _____ D.O.B.: _____

Was Abuse Hotline called? ☐ Yes ☐ No

Law Enforcement Agency Notified? ☐ Yes ☐ No Specify: _____

Is follow-up required? ☐ Yes ☐ No Specify: _____

Is there a Death? ☐ Yes ☐ No Specify: _____

Reporting Date: _____ Date of Incident: _____ Time of Incident: _____

Residence (Name & Address): _____

Name of Provider/Facility: _____

Type of Incident: ☐ Employee Related ☐ Client Related: (☐ Child ☐ Adult)

(Check all that apply)

☐ 1. Adult Death

☐ 8. Missing Child

☐ 2. Child Arrest

☐ 9. Security Incident- Unintentional

☐ 3. Child Death

☐ 10. Sexual Abuse/Sexual Battery

☐ 4. Child-on-child Sexual Abuse

☐ 11. Significant Injury to Client

☐ 5. Elopement

☐ 12. Significant Injury to Staff

☐ 6. Employee Misconduct

☐ 13. Suicide Attempt

☐ 7. Escape

☐ 14. Other Critical: _____

Section 2: Summary of Events

Describe the incident in detail (include location of incident). Indicate any disciplinary actions taken, along with the date of action.

Section 3: Reporter

Name: _____

Title/Position: _____ Phone number: _____

☐ Initial Form

☐ Revised/Changed Form

Section 4: Approval

Name of the Executive Director/Owner or Designee

Signature of the Executive Director/Owner or Designee

Signed Date