

INCIDENT REPORT

Please print or write legibly
Use ballpoint pen

<input type="checkbox"/> ASPIRE	<input type="checkbox"/> CCI
<input type="checkbox"/> GOODWILL	<input type="checkbox"/> Greenleaf
<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> Premier
<input type="checkbox"/> BROKERAGE	

Client Name: _____

Date of Incident: _____ Time _____ am/pm

Location of Incident: _____ Site/Facility: _____
(House/Employment Program)

Staff Reporting: _____ (Please Print)

Other Witness: _____

Other Persons Notified: _____

MEETS CRITICAL INCIDENT CRITERIA
<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Emergency Services Called
<input type="checkbox"/> Death
<input type="checkbox"/> Suspected abuse/neglect-call County at 541-474-6072

What was happening just before the incident?

What happened? WHO, WHAT, WHERE, WHEN & HOW?

(Be specific and concise. Attach second page if necessary)

(Describe injuries fully=type, size, location. Draw picture of body for location if you need to).

What was Staff's response to the incident?

TYPE OF INCIDENT—MARK ALL THAT APPLY
<input type="checkbox"/> Accident or injury (if employee, file accident report)
<input type="checkbox"/> Illness or health problem
<input type="checkbox"/> Services behavioral incident
<input type="checkbox"/> Missed medication or medication error
<input type="checkbox"/> Complaint by client, family or public
<input type="checkbox"/> Missing money, property, check or food stamps
<input type="checkbox"/> Property destruction
<input type="checkbox"/> Physical restraint used per ISP
<input type="checkbox"/> Physical restraint authorized by _____
<input type="checkbox"/> Other unusual incident

Is this an ongoing problem? Yes ___ No ___

Is there a written program or procedure for this situations?

Yes ___ No ___ N/A ___ Don't know ___

Has there been any change in the last 30 days?: _____

Suggestion for solving this problem: _____

Signature of person filing report: _____ Date: _____