

## INCIDENT REPORT

An incident report should be filled out if there are serious injuries, fights, physical confrontations, situations requiring the use of passive physical restraints, suspected incidents of abuse or neglect, unusual incidents, serious illness, violations of DBH’s Code of Conduct, death of a consumer, or any other situations or circumstances affecting the health, safety, or well-being of consumers.

A copy of this report is then submitted to the Corporate Compliance Officer and a copy is put in the consumer’s chart. All incidents should first be reported to Program Managers. Corporate Compliance will review all incidents to determine if further action is necessary.

Name of Client:			
Name of Staff Reporting:			
Date of Incident:		DATE:	TIME:
Doctor Contacted:		DATE:	TIME:

Briefly describe situation:

What actions were taken at time of incident?

What employees were participants or witnesses to the incident?

What directions were employees/staff given as follow-up to this incident? (Example, “Go to ER”)

Was the client referred for further assessment or action? If so, please describe.

**Please check this box if you would like additional support processing this difficult event.**

Staff Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature, if applicable: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* SEND A COPY TO CORPORATE COMPLIANCE\***