

ACCESS OF THE RRV

Agency Incident Report

This form must be submitted within 24 hours of the incident to an agency supervisor, county case manager, and client guardian. (Note that additional reporting may be required for serious injury or death utilizing form DPF-026 Incident and Emergency Report and/or the Death and Serious Injury Report forms)

Client Name: _____ Location of Incident: _____

Incident Date & Time: _____ Date of Report: _____

Person Completing Report: _____ Relationship: _____

Witnesses & Others Present: _____

Type of Incident:

Trip/Fall	Illness	Mental Health issue	Elopement	Unwanted Sexual Contact to Other	Police, Fire, or 911 contacted
Unexplained Injury	ER/Urgent Care Visit	Change in Mental Status	Negative Relational Interaction	Property Damage	**Serious Accident or Injury
Cut/Scrape	Change in Physical Status	Self-Harm Verbal	Negative Community Interaction	Theft	**Death
Rash	High/Low Blood Sugar	Self-Harm Physical	Verbal Abuse to Others	Fire	Other (explain):
**Bump/Bruise	**Seizure	Substance Use	Physical Abuse to Others	Use of Manual Control	

****Requires Additional Documentation—Contact Supervisor****

What happened prior to the incident?

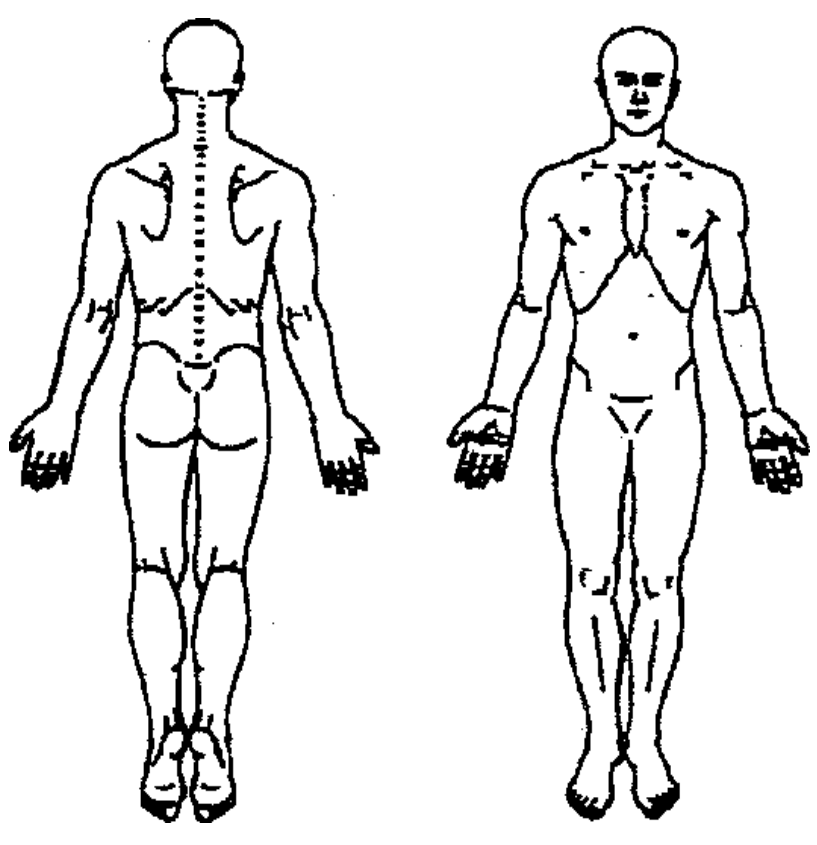


Describe the incident in detail (be specific):

What were the staff's actions/intervention? How did they handle the incident?

Did the client resume normal activity? Explain:

Check type of injury/concern and mark the areas impacted on the body diagram:

Abrasion	<p><u>Can Use PDF Draw To Mark Below</u></p> 
Allergic Reaction	
Bite: animal insect	
Bite (human)	
Bruise	
Burn	
Crush	
Cut/Laceration	
Fracture	
Inflammation	
Puncture	
Rash	
Scrape	
Swelling	
Sprain/Strain	
Other: _____	

Signature of Person Completing Form: _____ Date: _____
 (Type name if completing online)



For Supervisor Use

Persons Notified Within 24 Hours

Title	Name	Date/Time	Incident Report Sent	
			Yes	No
County Case Manager			Yes	No
Legal Guardian			Yes	No
Department Director			Yes	No
Other			Yes	No
Other			Yes	No
Other			Yes	No

Was a vulnerable adult or child abuse/neglect report made due to this incident? Yes No

If "Yes" give date and time of the report: Date & Time: _____

For a death or serious injury, was a death or serious injury report form completed and filed with the Ombudsman? Yes No

If "Yes" give date and time of the report: Date & Time: _____

Comments/Recommendations to reduce the likelihood of this incident occurring again:

Signature of Supervisor Completing Form: _____ Date: _____