

# 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	<b>**Serious Accident or Injury</b>
Cut/Scrape	Change in Physical Status	Self-Harm Verbal	Negative Community Interaction	Theft	<b>**Death</b>
Rash	High/Low Blood Sugar	Self-Harm Physical	Verbal Abuse to Others	Fire	Other (explain):
<b>**Bump/Bruise</b>	<b>**Seizure</b>	Substance Use	Physical Abuse to Others	Use of Manual Control	

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

What happened prior to the incident?

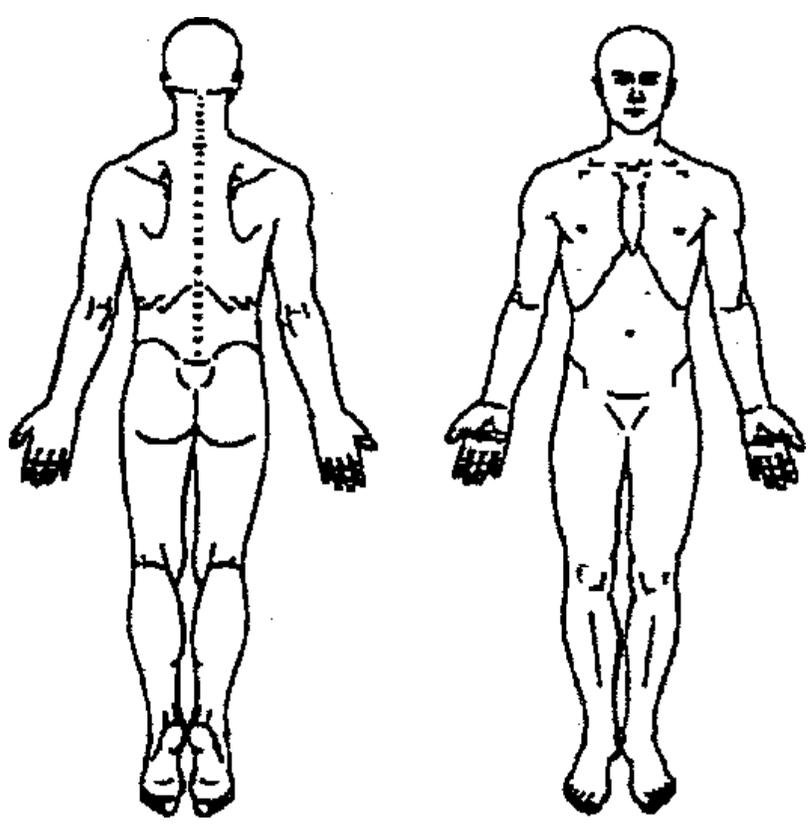


Describe the incident in detail (be specific):

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:**

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

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: \_\_\_\_\_