

Scioto County Board of DD - Incident Report

PLEASE CHECK ONLY ONE BOX:		UI	POSSIBLE MUI		
Provider Agency Name & Address:					
Individual's Name:		DOB:			
Address:		City/County:			
Date of Incident:		Time of Incident:		AM	PM
Location of Incident (<i>e.g., home in bathroom, at the mall, lunchroom at work</i>):					
Description of Incident (Who, What, When, Where, Why, How): <i>**More space on the back if needed** (Describe only the facts & what you saw, not what you think happened – Do NOT draw conclusions.)</i>					
Injury – Describe Type & Location:					
Immediate Action Taken to Ensure Health & Safety of Individual(s):					
Name of PPI(s) (<i>Person who allegedly yelled, hit, stole, etc.</i>):			Relationship to Individual:		
Witnesses to Incident:		Others Involved:			
Type of Notification	Contact's Name/Title	Date of Contact	Time of contact AM/PM	Message* Type	
Guardian/Advocate/Family					
SSA					
Licensed or Certified Provider					
Responsible staff or Family living at the Individual's home					
Law Enforcement (LE), Agency & Contact info					
Children's Services (CSB) (PRN)					
County Board MUI Contact					
Behavior Support					
Program manager or Senior Management					
Other service providers (transpo, HCP, VRS, ADS, etc.)					

*If you didn't speak directly to the contact, add the form of message you left. Examples: FAX, text, e-mail, voice mail.

Additional Information and/or Administrative Follow-up:

A. Further Medical Follow-up:

B. Administrative Action:

Reporter's Signature:

Printed Name: _____

Date:

Title:

Body Part Injured:

Head or Face

Mouth/Teeth

Hands/Arms

Feet/Legs

Other: _____

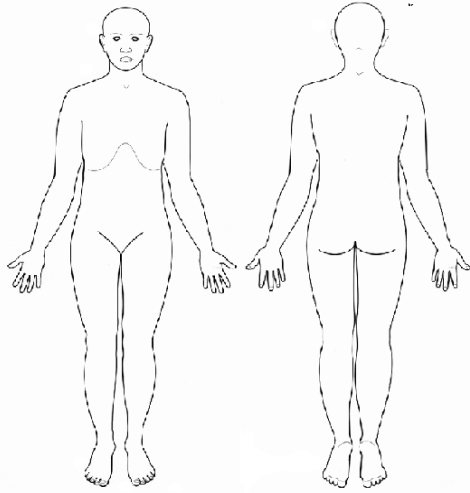
Neck or Chest

Abdomen

Back/Buttocks

Genitals

Indicate Location of Injury



R

L

R

****Description of Incident (Continued from front)****

INTERNAL REVIEW:

Causes and Contributing factors:

Preventative Measures:

Reviewing Administrator's signature: _____ Date: _____