**CONFIDENTIAL**

Adverse Incident Report

INSTRUCTIONS: REPORTS SHOULD BE WRITTEN IN A SPECIFIC, OBJECTIVE AND FACTUAL MANNER. AN INCIDENT IS ANY HAPPENING OR EVENT WHICH IS NOT CONSISTENT WITH THE ROUTINE OPERATION OF A SERVICE OR ROUTINE STANDARDS OF CARE FOR ANY CONSUMER. IT INVOLVES CIRCUMSTANCES THAT CAN BE IDENTIFIED AS AN (UN) FORSEEABLE RISK AND/OR A POTENTIAL LIABILITY. THIS MIGHT INVOLVE CONSUMER, STAFF, VISITOR, OR CONTRACTOR. EVENTS SHOULD BE LISTED IN CHRONOLOGICAL ORDER AND INCLUDE FOLLOW-UP. THIS REPORT IS CLASSIFIED AS CONFIDENTIAL. THE INCIDENT MUST BE DOCUMENTED COMPLETELY AND TURNED IN WITHIN 24 HOURS OF WHEN THE INCIDENT OCCURRED OR WHEN THE INCIDENT IS IDENTIFIED. PLEASE WRITE “N/A” (NON-APPLICABLE) IF A BLOCK DOES NOT APPLY TO YOUR SITUATION OR EVENT.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Date of Incident: | 2. Time of Incident  ( ) AM ( ) PM | 3. Day of Week | 4. Date of Report |

|  |
| --- |
| 5. Name(s) of Individuals Involved:   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ( ) Staff ( ) Other      * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ( ) Staff ( ) Other * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ( ) Staff ( ) Other |

|  |  |  |
| --- | --- | --- |
| 7. Program or Facility Name: | 8. Location of Incident: | 9. Address of Incident: |

|  |  |  |
| --- | --- | --- |
| 10. Check all that apply: | |  |
| Alleged Criminal  Act/Theft  Unsafe Conditions/  Building Security  Fire/Life Safety  Staff or Visitor Injury  Falls  Car Accident | Alarm System Activation  Property/Equipment  Damage  Security Breach  Confidentiality  Concern/violation  **Computer** Malfunction  exceeding 30 min  Workplace violence | |
| **Other Specify**: | | |

11. Description/Details of Incident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**12. Immediate Action(s) Taken**

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| --- | --- | --- |
| **17. Signature of Staff Completing Report:** | **18. Print Name:** | **19. Title:** |

**20. Follow-up Action Taken or Recommendations to Reduce Potential for Re-occurrence:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please copy and distribute to all of the following:**

**Immediate Supervisor (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director of Quality Improvement & Compliance** **Project Manager/Work Site Manager**

**Executive Director**