

Unusual Incident Report

Providers Name: _____

Individual's Name: _____

Individual's Address:

Incident occurred/or was discovered on:

Time of reporting: (must be reported within 24 hours)

Date: _____ Time: _____ Date: _____ Time: _____

Location of Incident: _____ PPI: _____

Incident Description. *Be specific and factual. Describe what happened before, during and after incident.*

Immediate Action taken to ensure health and welfare:

Describe any cause or contributing factors:

Injuries: *Indicate type and location of any injuries:*

Other witnesses to incident: *Attach statement if needed.*

Reporter's Name (printed)

Reporter's Signature

Title

Date

Use additional pages if more detail is necessary

Nurse's Report or Medical Follow-up: *Include medical care and follow-up recommendations.*

Signature: _____

Date: _____

Director/Supervisor's comments:

Signature: _____

Date: _____

SSA Comments:

UIR Categories: Accident Behavior Medical Incident

Signature: _____

Date: _____

Notifications: *(notifications should be made on the same day as the incident/discovery of)*

Parent/Guardian: _____	By: _____	Date/Time: _____
SSA: _____	By: _____	Date/Time: _____
Residential Provider: _____	By: _____	Date/Time: _____
PPI Notifications: _____	By: _____	Date/Time: _____
Other: _____	By: _____	Date/Time: _____
Other: _____	By: _____	Date/Time: _____

Investigative Agent's Comments and/or Prevention Plan:

Signature: _____

Date: _____

For incidents involving: death, exploitation, misappropriation, neglect, peer-to-peer acts, physical/sexual/verbal abuse or if you have received an inquiry from the media involving an MUI, notify the SSA within 4 hours of discovery by calling the SSA Department during normal business hours or the on-call SSA after hours at 937-653-5217.

A copy of all completed Incident Reports must be sent the SSA Department via email to: incidentreports@champaignbdd.org Original should be kept in the originating department.