

FACILITY INCIDENT REPORT FORM

Date: _____

Facility: _____ Phone: _____

City: _____

Reporter: _____ Title: _____

Type of incident- Resident to Resident _____ Staff to Resident _____

Abuse: _____ Injury of Unknown Source _____ Other _____
 _____ Physical _____ Neglect _____
 _____ Verbal _____ Elopement _____
 _____ Sexual _____ Fire _____
 _____ Mental _____ Misappropriation of resident property/funds/Exploitation _____

Resident Name/s: _____ Sex: _____

Date and Time of Incident: _____

Details of Incident: (Attach a page for additional details, if needed)

Injury: ___Y___N Describe the injury: _____

Treatment required: ___Y___N List type of treatment provided: _____

Physician notified: ___Y___N Responsible party notified: ___Y___N

Police Notified: ___Y___N Other Agencies Involved: ___Y___N

List: _____

Alleged Suspect Name: _____ SS#: _____

Staff Position/Title: _____

Other resident: _____ Family Member: _____ Other: _____

Current Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Witnesses: _____ Relationship to Resident: _____

Steps taken by the facility to prevent further incidents:
