|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Individual’s Name:** | | | **DOB:** | | **UCI#:** |
| **HRC Service Coordinator:** | | | | | |
| **Service Provider Name:** | | | **Vendor #:** | | |
| **Date Incident Occurred:** | | | **Time of Incident:** | | |
| **Date Vendor Learned of Incident:** | | |  | | |
| **Location of Incident:** | | | | | |
| Hospital **□** | Client’s Residence **□** | Client’s Day Program **□** | | Family Home **□** | |
| In Transit  **□** | Emergency Room **□** | Other (specify) **□** | | | |

**INCIDENT TYPE (check all that apply):**

**□ Death:**

|  |
| --- |
| Official Cause of Death: |

**□ Victim of a crime:**

|  |  |  |
| --- | --- | --- |
| Was the crime reported to the police? | Yes □ | No □ |
| Police Department: | | |
| Report Number: | | |

**□ Admitted to the Hospital for more than 24 hours:**

|  |
| --- |
| Admitting Diagnosis: |

**□ Individual has a serious injury or accident requiring treatment beyond first aid.**

**□ Missing Individual:**

|  |
| --- |
| Police Department: |
| Report Number: |
| How long has the individual been missing? |

**□ Abuse of the Individual:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical **□** | Sexual **□** | Financial **□** | Chemical Restraint **□** | Emotional **□** |

**□ Neglect of Individual**

**□ Medication Error**

**Describe in detail what happened and actions taken**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Did anyone else witness the incident?** | Yes **□** | No **□** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and contact information (phone & email) of the witness, if available: | | | |
| **Other agencies notified:** | | | |
| CCL/DSS **□** | DHS **□** | Parent/Guardian/Conservator **□** | Physician/Hospital **□** |
| Police/Sheriff  **□** | County Coroner **□** | Other (specify) **□** | |

|  |
| --- |
| **Date reported to CCL/DHS:** |

|  |  |
| --- | --- |
| **Submitted by:** | |
| Name: | Title: |
| Telephone #: | Email: |

**Please use this space below to add any other information you think is important about the special incident:**

|  |
| --- |
|  |