



Incident Report Form

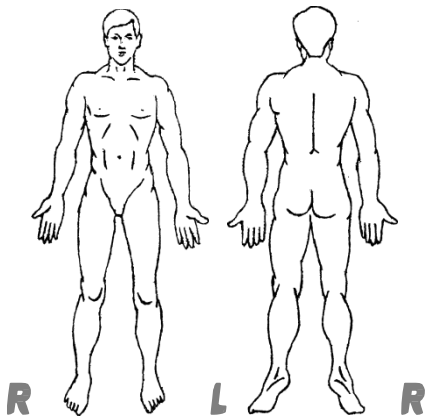
Note: If a person has unexplained physical injuries, call Investigator immediately @ 440-3064 or (419) 305-1201

Individual's Name:		DOB:
Date of Incident:	Time of Incident:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Incident (home in bathroom, at the mall, lunchroom at work):		
Description of Incident (Who, What, Where, When):		
Injury – Describe Type & Location:		
Immediate Action to Ensure Health & Welfare of Individuals:		
Name of PPI(s):	Relationship to Individual:	
Witnesses to Incident:	Others Involved:	
Type of Notification	Name/Title	Date/Time
Guardian / Advocate		
SSA (required for Independent Providers)		
Licensed or Certified Provider		
Staff or Family living at the Individual's home & responsible for the individual's care.		
LE (Name, Badge Number, Jurisdiction, and contact information required for Law Enforcement		
Nurse		
Investigative Agent		
Signature	Title:	Date:
Administrator Review:		Date:

Administrative Action:

Body Part Injured:

- | | |
|--|--|
| <input type="checkbox"/> Head or Face | <input type="checkbox"/> Neck or Chest |
| <input type="checkbox"/> Mouth / Teeth | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Hands / Arms | <input type="checkbox"/> Back / Buttocks |
| <input type="checkbox"/> Feet / Legs | <input type="checkbox"/> Genitals |
| <input type="checkbox"/> Other _____ | |



Causes and Contributing Factors: (if known)

Preventive Measures (completed after team decision)

STOP STOP STOP FORWARD to QOG Manager