

1625 Troy Sidney Rd
 Troy, Ohio 45373
 Phone (937) 440-3000
 Fax (937) 332-3496



Incident Report Form

Note: If a person has unexplained physical injuries, call Investigator immediately @ 440-3064 or (937) 524-1727		
Individual's Name:		DOB:
Date of Incident:	Time of Incident:	AM PM
Location of Incident (home in a 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		
Other		
Investigative Agent		
Signature (Print & Sign)	Title:	Date:

Steps taken to complete investigation ensuring health & welfare of the individual or individuals?

Administrative Action:

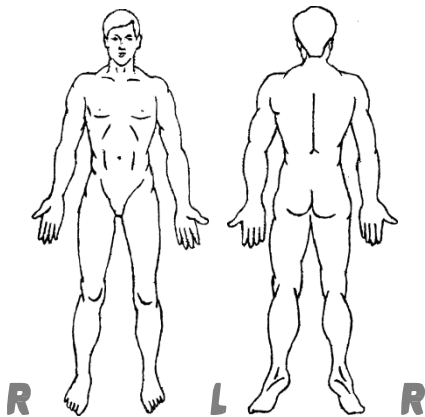
Signature:

Date:

Body Part Injured:

Head or Face
Mouth / Teeth
Hands / Arms
Feet / Legs
Other _____

Neck or Chest
Abdomen
Back / Buttocks
Genitals



Causes and Contributing Factors (if known):

Preventive Measures (completed after team decision):



FORWARD TO QI DIRECTOR OR INVESTIGATIVE AGENT