

Unusual Incident/Major Unusual Incident Report Form		
Individual's Name:		DOB:
Address:		City/County:
Date of Incident:	Time of Incident:	AM/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 Individual(s):		
Name of Primary Person(s) Involved:		Relationship to Individual:
Witnesses to Incident:		Others Involved:
<b>Type of Notifications</b>	Name/Title	Date/Time
<b>Guardian / Advocate (required)</b>		
<b>SSA (required)</b>		
<b>FCRS PDP</b>		
<b>Staff or Family living at the Individual's home &amp; responsible for the individual's care.</b>		
LE (Name, Badge Number, Jurisdiction, and contact information required for Law Enforcement)		
CPSA (Name and contact information required for Children Services)		

County Board (required if MUI)		
Other		
Support Broker (If applicable)		

Additional Information/or Administrative Follow-Up:

A. Further Medical Follow-up:

B. Administrative Action:

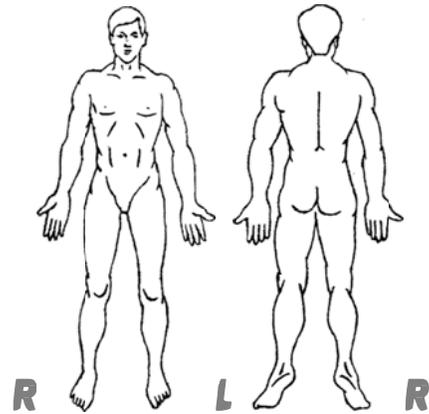
Signature:

Title:

Date:

Body Part Injured:

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



Causes and Contributing Factors:

Preventive measures: (For Provider's internal use)

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_