**Reporting Provider should complete the following information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Consumer Name:** |  | **Consumer DOB:** |  |
| **Provider Agency:** |  | **Address:** |  |
| **Contact Name:** |  | **Phone** |  |
| **Email Address:** |  | **Date of Incident:** |  |

**Services Provided:**

**Other Known Service Providers / Services Provided:**

|  |  |
| --- | --- |
| **Type of Incident:** | **Injury** |
|  | **Other (Please Explain)** |

**Please describe in detail the circumstances of the incident:**

**Last date of attempted and successful consumer contact**

|  |  |
| --- | --- |
| **Date:** |  |
| **Staff Name:** |  |

**Was the incident behavior(s) / symptoms identified in the consumer’s service plan?** Yes No

**If the incident was related to a medical complication, was risk known and addressed via services referrals on the consumer’s behalf?** Yes No Unknown

**Possible process or service delivery changes to address current / future risk, or other actions identified and implemented by provider. Please explain.**

|  |  |
| --- | --- |
| **FOR REGION USE ONLY** | |
| **Date Reported to Region:**       **Days:** | |
| **Name of Region:** |  |
| **All services Consumer is currently enrolled in**: | |
| **Expectations for Provider and / or Regions based on review of incident and / or trends**: | |

|  |  |
| --- | --- |
| **FOR DHB USE ONLY** | |
| **Date Reported to DBH** | **Days**: |
| **Elevated Risk Factors Identified?** |  |
| **Mitigation Plan Developed?** |  |
| **Trends Identified?** |  |
| **Expectations for Provider and / or Regions based on review of incident and / or trends?** |  |