**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?**  |       |