



Today's date ___/___/___

Please type or print legibly and fax on the day of the incident.

Notifications

- Department of Mental Health (DMH), Department of Children and Families (DCF), Department of Youth Services (DYS), Disabled Persons Protection Commission (DPPC), Department of Developmental Services (DDS), Other

Member name _____ Member ID # _____ [] Male [] Female

DOB ___/___/___ Age _____

Facility _____ Unit _____ City _____ [] 24 hour [] non-24 hour

Date of incident ___/___/___ Time of incident __:__

Date of discovery ___/___/___ Time of discovery __:__

Type of incident _____

Describe incident If absent without authorization (AWA), include search, notification, and commitment status.

Blank lines for describing the incident.

Describe immediate response to incident

Blank lines for describing the immediate response to the incident.

Restraints used [] None [] Mechanical [] Chemical [] Physical Time in restraints __:__

Please check if recommended

- Internal investigation, Staff training, Policy and procedure review, Disciplinary action to staff

[] Please check if additional information is attached

Person reporting _____ Phone _____ - _____ - _____

Title _____

Signature _____ Date ___/___/___