



# Incident Report

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Time \_\_\_\_\_ AM / PM

Client Name \_\_\_\_\_

**Persons involved** (check all that apply)

- Care taker
- Community Members
- Family Member(s)
- Other Participants
- Other: \_\_\_\_\_
- Staff
- Friend
- Medical Pros
- Guardian

**Incident** (be as specific as possible)

Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

**Nature of incident** (Check all that apply)

- Physical Aggression Toward Others
- Physically Inappropriate
- Self-Injurious Behavior
- Property Destruction
- Allegation of Abuse
- Other \_\_\_\_\_
- Verbal Aggression Toward Others
- Verbally Inappropriate
- Family/Guardian Concern
- Elopement / Missing Participant
- Attempted Suicide
- Seizures
- Health Concern
- Throwing Objects
- Injury
- Suicide Threat

**Description of Incident** (who, what, when, where, how, Observable facts. No opinions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Environmental Factors:**  Quiet  Noisy  Calm  Active  1:1 w/staff  Group(# of ppl) \_\_\_\_\_

**Witnesses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Possible Contributing Factors**

- Participant was asked to perform a task
- Participant was asked to stop an activity
- Participant was left alone
- Participant was seeking attention
- Participant wanted to receive something tangible
- Participant was transitioning tasks
- Other \_\_\_\_\_

**Specific actions taken by CTP employee at time of incident**

\_\_\_\_\_

\_\_\_\_\_

**Follow up action to be taken**

- Family notification
- Case Manager notification
- Medical Professional notified
- CPS notification
- Additional Staff training
- Other \_\_\_\_\_

By signing this document, I acknowledge that I have read and understood the information contained herein

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (if applicable) \_\_\_\_\_ Date \_\_\_\_\_