



Complaint/Incident Report Form

INSTRUCTIONS: REPORTS SHOULD BE WRITTEN IN A SPECIFIC, OBJECTIVE AND FACTUAL MANNER. AN INCIDENT IS ANY HAPPENING OR EVENT WHICH IS NOT CONSISTENT WITH THE ROUTINE OPERATION OF A SERVICE. IT INVOLVES CIRCUMSTANCES THAT CAN BE IDENTIFIED AS AN (UN) FORSEEABLE RISK AND/OR A POTENTIAL LIABILITY. THIS MIGHT INVOLVE STAFF, VISITOR, OR CONTRACTOR. EVENTS SHOULD BE LISTED IN CHRONOLOGICAL ORDER AND INCLUDE FOLLOW-UP. THIS REPORT IS CLASSIFIED AS CONFIDENTIAL. THE INCIDENT MUST BE DOCUMENTED COMPLETELY AND TURNED IN WITHIN 24 HOURS OF WHEN THE INCIDENT OCCURRED OR WHEN THE INCIDENT IS IDENTIFIED. PLEASE WRITE "N/A" (NON-APPLICABLE) IF A BLOCK DOES NOT APPLY TO YOUR SITUATION OR EVENT.

1. Date of Incident: _____	2. Time of Incident _____ () AM () PM _____	3. Day of Week _____	4. Date of Report _____
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5. Name(s) of Individuals Involved:
<ul style="list-style-type: none"> • _____ Client () Staff () Other • _____ Client () Staff () Other • _____ Client () Staff () Other

8. Location of Incident: _____	9. Address of Incident: _____ _____
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10. Check all that apply: _____	_____
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<input type="checkbox"/> Alleged Criminal Act/Theft <input type="checkbox"/> Client Abuse/Neglect <input type="checkbox"/> Unsafe Conditions <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Staff or Visitor Injury <input type="checkbox"/> Falls <input type="checkbox"/> Other	<input type="checkbox"/> Alarm System Activation <input type="checkbox"/> Property/Equipment Damage <input type="checkbox"/> Security Breach <input type="checkbox"/> Confidentiality Concern/violation <input type="checkbox"/> Computer Malfunction exceeding 30 min <input type="checkbox"/> Workplace violence
<input type="checkbox"/> Other Specify:	

11. Description/Details of Incident:

12. Immediate Action(s) Taken

17. Signature of Staff Completing Report:	18. Print Name:	19. Title:

20. Follow-up Action Taken or Recommendations to Reduce Potential for Re-occurrence:

Please copy and distribute **to all of the following:**

- Immediate Supervisor (specify): _____
- Director of Quality Improvement & Compliance Project Manager/Work Site Manager
- Executive Director