

INCIDENT REPORT FORM

*FOR USE BY DHS CONTRACTED/LICENSED PROVIDERS ONLY; DHS STAFF TO USE IRIS

Information to be typed whenever possible; Otherwise, clearly PRINT

- Please check appropriate boxes and complete all applicable blanks
Use designated space on back of form for additional information as necessary

Initial Written Date/Time
Follow-up Date
Final Date

TO Name of Division Director/Designee Division

FROM Name of Person Submitting Report Provider/Program Name Telephone
Type of Service/Program (i.e., Mental Health, DD program, Day Treatment, Residential, etc.)

1) OTHER NOTIFICATIONS Enter method, date & time communicated when appropriate

- Adult Protective Services Hotline (1-800-482-8049)
Child Abuse Hotline (1-800-482-5964)
DHS Client Advocate
DHS Communications Director
DHS Office of Chief Counsel
Next of Kin - Relationship
Responsible Party - Relationship (if different than above)
Law enforcement- (Specify)
Other (Specify)

2) VICTIM/COMPLAINANT/SUBJECT OF REPORT [Check applicable box(es) Add address and phone if non-DHS person]

- Division Client Foster Child Client of Contract Agency Staff / Employee Other (Specify)

NAME DOB or AGE RACE GENDER

3) Date of Incident Time of Incident Place of Incident

4) TYPE OF INCIDENT (With information available at time of report, check / complete all that seem applicable)

- Death ... Suspected Cause of Death
Suicidal Behaviors
If checked, note date and results of clinical evaluation follow-up Pending
Rape
Maltreatment / Abuse / Exploitation
Neglect Verbal Physical Sexual Other
Injury
Client Staff Public Extent & Intervention
Missing Client (AWOL) (Report return of missing client as follow-up report)
Disturbance
Property Destruction ... Extent
Theft - (to include Misappropriation of funds / property)
Arrest
Other

(Provided list not exhaustive; reference DHS Policy 1090)

5) DESIGNATION OF INCIDENT [Check applicable box(es)]

- Client-to-Client Client-to-Staff Self-Inflicted Staff-to-Client Client-to-Public Public-to-Client N/A
Other (Specify)

6) ROLES (RELATIONSHIP TO SUBJECT) & NAMES OF OTHERS INVOLVED (Client, Staff, Witness, Participant, Perpetrator, etc.)
[Use separate line for each; Note all roles that apply per person, i.e. staff/participant, client/witness - identifiable abbreviations acceptable; Include addresses & phones of non-DHS persons; Use designated space at bottom of page to provide additional information as needed]

Role(s)	Name	Address & Phone <u>if non-DHS person</u>
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7) CLEAR, CONCISE NARRATIVE DESCRIPTION (Include known essentials of who, what, when, where, why and how regarding incident)

8) SHOULD/COULD THIS INCIDENT HAVE BEEN PREVENTED/ANTICIPATED? YES NO

If yes, please explain

9) FINDINGS/OUTCOME/CASE DISPOSITION (When appropriate, include Corrective Action or Preventive Plan for future)
 Pending Investigation Investigated with following plan/action

USE THE FOLLOWING SPACES TO PROVIDE ADDITIONAL INFORMATION AS NEEDED
[Please enter the number(s) of section(s) being referenced for clarity]

DO NOT ATTACH ADDITIONAL DOCUMENTS: PROVIDER WILL BE CONTACTED FOR ADDITIONAL INFORMATION IF NEEDED

[EXCEPTION: CHILD DEATH FORM, CFS-329, TO BE SUBMITTED BY DCFS WITH DHS-1910 WHEN APPLICABLE]