

INCIDENT REPORT

Confidential Information

(This form must be filled electronically, handwritten forms are not accepted.)

- Division staff may use this form to ensure all pertinent incident information is gathered.
- Providers may use this form or type all pertinent incident information on a separate report to the Division.

Member's Name (*Last, First, M.I.*): _____ Focus ID: _____

Birth Date (*Month, Day, Year*): _____ Foster Care: Yes No

Vendor Name or Independent Provider Name Responsible for Member at the time incident occurred:

Reporting Vendor or Independent Provider Name/Address (*If different from above*):

City: _____ State: _____ ZIP Code: _____

Service being provided at time of incident: _____

Location (*GH, DTA, Family Home, Community, Developmental HM, IDLA, School*):

Site Name and Address:

City: _____ State: _____ ZIP Code: _____

Date of Incident: _____ Time of Incident: _____

STAFF INVOLVED #1

Staff involved in incident (*Last, First, M.I.*):

Phone Number: _____ Immediate Supervisor: _____ N/A

STAFF INVOLVED #2

Staff involved in incident (*Last, First, M.I.*):

Phone Number: _____ Immediate Supervisor: _____ N/A

STAFF INVOLVED #3

Staff involved in incident (*Last, First, M.I.*):

Phone Number: _____ Immediate Supervisor: _____ N/A

What happened before the incident?

DESCRIBE INCIDENT THOROUGHLY.

What happened before, during and after the incident? Include all known facts, causes of injury and emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion.

What happened during the incident?

What could have prevented the incident?

Type of Medical Intervention (*i.e., doctor's visit, urgent care, emergency room, hospitalization*):

Name of Facility and Address:

NOTIFICATIONS

Serious incidents, as described in the Division's Policy Manual are to be reported and written as soon as possible, but no later than 24 hours after the incident.

All other incidents, as described in the Directive, must be reported to the District office by the close of the next business day following the incident.

PARENT/GUARDIAN NOTIFIED: Yes No N/A

If Yes, name of person notified:

If No, explain why:

Date of Notification: _____ Time of Notification: _____

SUPPORT COORDINATOR NOTIFIED: Yes No

If Yes, name of person notified:

If No, explain why:

Date of Notification: _____ Time of Notification: _____

PROTECTIVE SERVICES NOTIFIED: APS DCS Tribal Protective Services
Yes No N/A

If Yes, name of person notified:

If No, explain why:

Date of Notification: _____ Time of Notification: _____

Report made via: On-Line Telephone Fax

If made via telephone, name of person that took the report: _____

Report #: _____

LAW ENFORCEMENT NOTIFIED: Yes No NA

If Yes, name of person notified:

If No, explain why:

Date of Notification: _____ Time of Notification: _____

Name/Address of the Responding Law Enforcement Entity:

City: _____ State: _____ ZIP Code: _____

Name/Badge # of the Responding Officer: _____

If applicable, Law Enforcement Report #: _____

CORRECTIVE ACTION/COMMENTS

What steps are being taken to prevent this from happening again?

Name of person completing this form: _____

Signature of person completing form: _____ Date: _____ Time: _____

Supervisor's name: _____

Signature of Supervisor: _____ Date: _____ Time: _____

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