

General Event Report Data Collection for Event: Other

Profile Information

Individual Name * _____

Provider Name _____ Program Name _____

Entered By _____ Title _____

Report Date * _____ Time Zone _____

Event Information

Event Date * _____

If not at responsible program Community Home Recreation/Leisure Vehicle School
 Work Family home visit Unknown **If Other** _____

Location Address

Street 1 _____ Street 2 _____

City _____ County _____ State _____

Zip Code _____ Phone _____ Fax _____

Other Event Information

Event Type *	Event Subtype *
<input type="radio"/> Accident no apparent injury	
<input type="radio"/> Alcohol/Drug Abuse	
<input type="radio"/> Altercation	<input type="checkbox"/> Staff <input type="checkbox"/> Individual If Other _____
<input type="radio"/> Assault	<input type="checkbox"/> Aggressor <input type="checkbox"/> Victim
<input type="radio"/> AWOL/Missing Person	
<input type="radio"/> Possible Criminal Activity/Misconduct	
<input type="radio"/> Exploitation	
<input type="radio"/> Fire	<input type="checkbox"/> Attempted/Caused by Individual <input type="checkbox"/> Minor/Smoke <input type="checkbox"/> Accidental/Cause Unknown <input type="checkbox"/> False Alarm/Equipment Failure <input type="checkbox"/> False Alarm/Caused by Individual
<input type="radio"/> Hospital	<input type="checkbox"/> Admission <input type="checkbox"/> ER w/o admission

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)

Event Type *	Event Subtype *
<input type="radio"/> Law Enforcement Involvement	
<input type="radio"/> Property Damage	
<input type="radio"/> Sensitive Situation	
<input type="radio"/> Serious Illness	
<input type="radio"/> Suicide	<input type="checkbox"/> Attempt <input type="checkbox"/> Threat
<input type="radio"/> Theft/Larceny Attempt	<input type="checkbox"/> Perpetrator <input type="checkbox"/> Victim
<input type="radio"/> Potential Incident/Near Miss	
<input type="radio"/> If Other	

Event Time * _____ am /pm

This event was Observed Discovered

Specific Location Living Room Bedroom Dining Room Kitchen Bathroom
 Hallway Staircase Activity Area Outdoors Recreation Area
 Unknown **If Other** _____

Event Summary _____

Witness 1 _____

Witness 2 _____

General Information

Abuse Suspected ? Yes No

Type of Abuse Civil Rights Violation Physical Sexual Emotional Verbal
 Psychological **If Other** _____

Neglect Suspected ? Yes No

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)



Type of Neglect Neglect by Responsible Provider **If Other** _____

Internal Report only Yes No **Notification Level *** Low Medium High

Reported By * _____

Reporter's Relationship Family Self Staff **If Other** _____

to Individual

Notification Information

Person/Entity Notified*	Name of Person Notified	Date*/Time* of Notification	Notified By*	Method of Notification*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Corrective Action Taken _____

Plan of Future Corrective Actions _____

Review/Follow-up Comments

I have reviewed this report

Review/Follow-up Comments _____

Photo Attached Photo Date _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)