

# Level I Incident Report Form

## Section One: Consumer Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Staff Name Completing the report: \_\_\_\_\_

Other people Involved: \_\_\_\_\_

- No one     Friend     Family     Friend of Family     Staff     Stranger  
 Unknown     Other \_\_\_\_\_

## Section Two: Type of Incident

Check all that apply.

- Restrictive Interventions  
 Participant Injury  
 Abuse/Neglect/Exploitation  
 Medication Error  
 Suicidal Behavior  
 Sexual Behavior (Shown by the individual)  
 Participant Act (Aggressive or destructive)  
 Participant Absence  
 Suspension (from services)  
 Fire  
 Other: Please Specify \_\_\_\_\_

## Section Three: Incident Information

Date of the Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM    PM

Location of the Incident: \_\_\_\_\_

Describe cause of the incident:

List steps taken to resolve incident:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section Four: Supervisor Section</b>
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The report was submitted within 24 hours:      YES      NO (Provide Explanation Below)

Explain how the health and safety needs of the individual were addressed:

Describe strategies that can be utilized to prevention this incident from occurring in the future:

Additional comments:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_