

**DMR Incident Report: Initial Report**

(\* = Mandatory Field)

**Description of Incident:**

\*(1) Individual: First Name

Last Name:

\*(2) Human Service Coordinator

\*(2A) Area Office/Facility:

\*(3) Home Address

(3A) Street

(3B) City

(3C) State

\*(4) Is the individual on a Level II or Level III Behavior Plan? \_\_\_\_ YES \_\_\_\_ NO

\*(5) Filing Agency:

\*(6) Staff completing Report:

(7) Staff Responsible for Incident Follow-up:

\*(8A) Date Incident Discovered:

\*(8B) Time Incident Discovered:

(9) Complete only if known

(9A) Date Incident Occurred:

(9B) Time Occurred:

\*(10) Did staff directly observe the Incident? \_\_\_\_ YES \_\_\_\_ NO

\*(11) Was supervision at the time of the incident being provided as assigned? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ UNKNOWN

(12) Responsible Site:

**Description of Any Injury Associated with the Incident:**

\*(13) Was there an Injury? \_\_\_\_ YES \_\_\_\_ NO

**If Yes, Complete Questions #14-#20. If No, Skip to #21.**

(14) Cause of Injury – **Circle all that apply:**

(15) If Other Specify:

(16) Brief Description of the Injury Including Cause:

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(17) Type of Injury:

**Circle all that apply**

(18) If Other Specify:

(19) Body Part Affected by Injury:

**Circle all that apply**

(20) If Other Specify:

\*(21) Actions Taken to Protect Health/Safety/Rights of the Individual:

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(22) Treatment Provided By: **Circle all that apply**

\*(23) Incident Description:

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(24) Location of Incident: **Circle one**

(25) If Other, Specify: \_\_\_\_\_

(26) Location Detail: **Circle one**

(27) If Other, Specify: \_\_\_\_\_

\*(28) Provider Site Address of Incident: \_\_\_\_\_

(29) If not at provider site, Name/Description of Incident Location: \_\_\_\_\_

\*(30) People Involved with Incident: (Add additional sheets as needed)

*(30A) Name	*(30B) Relationship	*(30C) Involvement	(30D) Telephone
	<b>Fill in with choices below</b>	<b>Fill in with choices below</b>	

\*(31A) Signature of Reporter:

\*(31B) Position:

\*(31C) Telephone:

\*(31D) Date/Time of Report:

Date	Time
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\*(32) Has Family/Guardian Been Notified?: Yes \_\_\_\_\_ No \_\_\_\_\_ Will Notify \_\_\_\_\_ N/A \_\_\_\_\_

\*(33) Was D.P.P.C. Notified: Yes \_\_\_\_\_ No \_\_\_\_\_

\*(34) Was Law Enforcement Notified: Yes \_\_\_\_\_ No \_\_\_\_\_

**DMR Incident Report: Initial Report: Supervisory Information**

Individual: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\*(35) Primary Category of Incident:  
**Circle One**

(36) Secondary Category of Incident: **Circle One**

\*(37) What Type of Incident is this? Major \_\_\_\_\_ Minor \_\_\_\_\_

(38) If a Minor Incident, should it be treated as a Major Incident? Yes \_\_\_\_\_ No \_\_\_\_\_

(39) Updated Information:

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\*(40A) Name of Supervisor:

\*(40B) Position:

\*(40C) Signature of Supervisor:

(40D) Telephone:

(40E) Date/Time of Review:

Date

Time

**DMR Incident Report: Final Report**

Individual: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Hospital Admission**

\*(41) Did the Individual Go To The Hospital? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, Answer Questions #42 - #52, if they apply. If No, Skip to Next Section: **Verification.**

(42) Date of Admission:

(43) Hospital Name:

(44) Admitting Diagnosis:

(45) Time in ER/Urgent Care/Crisis Unit

<6 Hours \_\_\_\_\_

6-12 Hours \_\_\_\_\_

12-24 Hours \_\_\_\_\_

>24 Hours \_\_\_\_\_

Unknown \_\_\_\_\_

(46) What Occurred During Hospitalization?

**Circle One**

(47) Date of Discharge:

(48) Instructions Upon Discharge No \_\_\_\_\_ Yes \_\_\_\_\_

(49) Changes for Individual Upon Discharge:

**Circle all that apply**

(50) Current Status:  
**Circle all that apply**

(51) Any Follow Up Appointments:  
**Circle all that apply**

(52) Any Additional/Clarifying Information:

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**DMR Incident Report: Final Report continued**

Individual: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Verification of the Following Initial Report Information**

\*(53) Initial Report Information is Correct to the Best of My Knowledge:

Yes \_\_\_\_ If Yes, Skip to Question #70.

No \_\_\_\_ If No, Describe any Updated or Corrected Information below and answer all the following questions:

(54) Narrative: \_\_\_\_\_

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(55) Date and Approximate Time Incident Discovered: Date                      Time                      (See #8A,8B)

(56) Date and Time Incident Occurred:                      Date                      Time                      (See #9A,9B)

(57) Primary Category of Incident:

See List at #35

(58) Secondary Category of Incident:

See List at #36

(59A) Did Staff Directly Observe the Incident? \_\_\_\_ YES \_\_\_\_ NO

(59B) Was Supervision, at the Time of the Incident, Being Provided as Assigned? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Unknown

(60) Was Family/Guardian Notified? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ N/A

(61) Was DPPC Notified? \_\_\_\_ YES \_\_\_\_ NO

(62) Was Law Enforcement Notified? \_\_\_\_ YES \_\_\_\_ NO

(63) Cause of Injury:

(64) If Other, Describe:

(65) Description of Injury including Cause:

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(66) Type of Injury:

(See #17)

(67) If Other, Describe:

(68) Body Part Affected:

(See #19)

(69) If Other, Describe:

(70) Should this Incident be treated as a Major Incident: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

\*(71) Are There Action Steps for this Incident: Yes \_\_\_\_\_ No \_\_\_\_\_

(72A) Action Step:

(72B) Target Completion Date:

(72C) Responsible Party:

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Extension Information: (73)Expected Completion Date:

(73A)Reason For Extension: \_\_\_\_\_

