

# Unusual Incident Report

Providers Name: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Individual's Address:

Incident occurred/or was discovered on:

Time of reporting: (must be reported within 24 hours)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ PPI: \_\_\_\_\_

**Incident Description.** *Be specific and factual. Describe what happened before, during and after incident.*

**Immediate Action taken to ensure health and welfare:**

**Describe any cause or contributing factors:**

**Injuries:** *Indicate type and location of any injuries:*

**Other witnesses to incident:** *Attach statement if needed.*

Reporter's Name (printed)

Reporter's Signature

Title

Date

*Use additional pages if more detail is necessary*

**Nurse's Report or Medical Follow-up:** *Include medical care and follow-up recommendations.*


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

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

**Director/Supervisor's comments:**


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

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

**SSA Comments:**

UIR Categories:     Accident     Behavior     Medical     Incident


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

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

**Notifications:** *(notifications should be made on the same day as the incident/discovery of)*

<b>Parent/Guardian:</b> _____	<b>By:</b> _____	<b>Date/Time:</b> _____
<b>SSA:</b> _____	<b>By:</b> _____	<b>Date/Time:</b> _____
<b>Residential Provider:</b> _____	<b>By:</b> _____	<b>Date/Time:</b> _____
<b>PPI Notifications:</b> _____	<b>By:</b> _____	<b>Date/Time:</b> _____
<b>Other:</b> _____	<b>By:</b> _____	<b>Date/Time:</b> _____
<b>Other:</b> _____	<b>By:</b> _____	<b>Date/Time:</b> _____

**Investigative Agent's Comments and/or Prevention Plan:**


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

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

For incidents involving: death, exploitation, misappropriation, neglect, peer-to-peer acts, physical/sexual/verbal abuse or if you have received an inquiry from the media involving an MUI, notify the SSA within 4 hours of discovery by calling the SSA Department during normal business hours or the on-call SSA after hours at 937-726-2570.

A copy of all completed Incident Reports must be sent the SSA Department via email to: [incidentreports@shelbydd.org](mailto:incidentreports@shelbydd.org)  
Original should be kept in the originating department.