

**INCIDENT REPORT**

**AA Service Coordinator** \_\_\_\_\_  
**Review Date & Initials**

Name of Individual \_\_\_\_\_ Date of Incident \_\_\_\_\_

AA Service Coordinator \_\_\_\_\_ Time of Incident \_\_\_\_\_ am pm

Location where Incident Occurred \_\_\_\_\_  
\_\_\_\_\_

Type of Incident: Behavioral \_\_\_\_\_ Injury \_\_\_\_\_ Health \_\_\_\_\_  
Incarceration \_\_\_\_\_ (list length of time incarcerated)  
Victim of Crime \_\_\_\_\_ (list type) Other \_\_\_\_\_

Other persons present at the time of the incident:  
\_\_\_\_\_

Describe what occurred during this incident (include specific behavior/injury etc):

What happened prior to the incident which may have caused it to occur or contributed to the likelihood of it happening:

What did you or others do in response to this incident (include who you informed/discussed incident with or sought advice from):

Incident Report Page 2 – Date: \_\_\_\_\_ Individual's Name \_\_\_\_\_

**Regarding Behavior:** Was a physical intervention or PRN medication used in response to this individual's behavior: Yes\_\_No\_\_If yes, describe:

If yes, was this intervention done in accordance with a written and approved behavioral treatment plan or protocol: Yes\_\_No\_\_Unknown\_\_

**Describe Any Injury:**

Was it necessary to provide medical treatment in response to this injury:  
Yes\_\_ No\_\_ If yes, describe: \_\_\_\_\_

Did a medical professional **NEED** to provide this treatment: Yes\_\_ No\_\_  
Where was treatment provided: home/program\_\_ Dr's office\_\_ ER\_\_ Hosp\_\_  
*Recommendations to prevent future occurrences and other comments:*

Report Written By \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

**SERVICE AGENCY REVIEW: AGENCY** \_\_\_\_\_

Services funded through: CCW Developmental Services\_\_\_\_ CCW ABD\_\_\_\_  
Services being provided at time of incident: Day\_\_ Res\_\_\_\_ CSS\_\_\_\_ Other\_\_\_\_  
Did incident occur in the community (Not at home or at a program): Yes\_\_\_\_ No\_\_\_\_  
*Observations/Actions Taken in Response to this Incident:*

Should a team meeting be called to review this incident: Yes\_\_ No\_\_  
*Recommendations to Prevent Future Incidents:*

**Serious Incidents must be verbally communicated** to the AA Service Coordinator and Guardian at the time of the incident or ASAP within 24 hours:

Persons Notified \_\_\_\_\_

**All Incident Reports must be distributed** within 3 working days to:  
AA Service Coordinator\_\_\_\_ Guardian \_\_\_\_ List others \_\_\_\_\_

\_\_\_\_\_  
**Reviewed By** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_