



## **PART 624** INCIDENT / ABUSE REPORTING FORM

One staff must complete this form and a narrative. All other staff must complete narratives.  
 Forward this form and all narratives to QA Staff by 12n the following business day.

<b>1. INDIVIDUAL:</b>		<b>2. SITE:</b>	
<b>3. PROGRAM / SERVICE:</b>			
<input type="checkbox"/> IRA		<input type="checkbox"/> Non-Certified Site	<input type="checkbox"/> Respite
<input type="checkbox"/> Day HAB Site		<input type="checkbox"/> 1:1 Day/Community HAB	<input type="checkbox"/> MSC
<b>4. DATE REPORTED:</b>		<b>6. TIME OF OCCURRENCE:</b>	
<b>5. DATE OF OCCURRENCE:</b>		_____ <input type="checkbox"/> AM	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Other:	<input type="checkbox"/> PM
<input type="checkbox"/> Same as date Reported		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other:			
<b>7. LOCATION OF OCCURRENCE:</b>			
<input type="checkbox"/> Living Room		<input type="checkbox"/> Hallway	<input type="checkbox"/> Recreation Area
<input type="checkbox"/> Bedroom		<input type="checkbox"/> Staircase	<input type="checkbox"/> Off-Facility Property
<input type="checkbox"/> Kitchen		<input type="checkbox"/> Dining Room	<input type="checkbox"/> Unknown
<input type="checkbox"/> Bathroom		<input type="checkbox"/> Program Room	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Other (Specify) _____			
<b>8. NUMBER OF INDIVIDUALS PRESENT AT TIME OF THE EVENT:</b> _____ <input type="checkbox"/> NA			
<b>LIST ALL INDIVIDUALS PRESENT AND WHERE THEY WERE:</b>			
_____			
_____			
_____			
<b>9. NUMBER OF STAFF PRESENT AT TIME OF THE EVENT:</b> _____ <input type="checkbox"/> NA			
<b>LIST ALL STAFF PRESENT:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All staff present must submit a narrative. Please check the box if the narrative is included with this form.			
<b>10. NUMBER OF OTHERS PRESENT AT TIME OF THE EVENT:</b> _____ <input type="checkbox"/> NA			
<b>LIST ALL OTHERS PRESENT:</b>			
_____			
<b>11. WHO WAS NOTIFIED?</b>			
<b>NAME</b>	Check if On-Call	<b>DATE</b>	<b>TIME OF NOTIFICATION</b>
	<input type="checkbox"/>		<input type="checkbox"/> AM
	On-Call?		<input type="checkbox"/> PM
	<input type="checkbox"/>		<input type="checkbox"/> AM
	On-Call?		<input type="checkbox"/> PM
	<input type="checkbox"/>		<input type="checkbox"/> AM
	On-Call?		<input type="checkbox"/> PM
<b>PRINTED NAME, TITLE AND SIGNATURE OF PERSON PREPARING REPORT:</b>		<b>DATE COMPLETED:</b>	
<b>PLEASE BE SURE TO INCLUDE IN YOUR ATTACHED NARRATIVE:</b>			
■ Details about what happened		■ What instructions were you given	
■ Times or length of event		■ What follow-up was done	
■ Immediate protective corrective actions to protect the individual(s) including: First aid, medical treatment, counseling, Self Risk Assessment Form, calls to 911 etc...			

Received by QA Staff:

Date/Time/Initials:

