GMSS
GREEN MOUNTAIN SUPPORT SERVICES

INCIDENT REPORTING FORM

Name of Individual involved:	**Date of Incident:**
Date of Birth	**Time:**
CMO/AAA Name:	**Location:**
Program (check all that apply): ☐ DS ☐TBI ☐MFP ☐AFC	**Date Agency Became Aware of Incident:**

Type of incident:

☐ Death: ☐ Untimely/Suspicious ☐ Natural	☐ Missing Person
☐ Potential Media Involvement / Legal Action	☐ Report of Abuse, Neglect, Exploitation or Use of a Prohibited Practice
☐ Criminal Activity/Incarceration	☐ Medical Emergency
☐ Seclusion Restraint: ☐ Mechanical ☐ Physical ☐ Chemical	☐ Other Significant Action or Event. Includes Actions by Workers paid by DAIL funds:
☐ Suicide Attempt or Lethal Gesture	☐ Mental Health Crisis

☐Fall (without medical emergency; no or only minor injury)	☐Behavioral Incident
☐ Accident (without medical emergency; no or only minor injury)	☐Other

Persons who witnessed or were involved in the incident:

Description of incident (What happened before, during and after the incident; identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident):

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Action(s) taken as a result of the incident:

Describe any planned follow up in response to the incident:

Persons and agencies notified (include when and how notified; if an agency, name of staff to whom report given)

Name of Person Reporting

Signature of Person Reporting **Date**

Reporter's Phone Number

Supervisor Review of Incident/ Comments:

How many extra pages are attached? None

Supervisor's Name

Supervisor's Signature

Date