



Incident Report

Confidential Information

Once Completed Email to your licensing agent.

Date of Incident: _____ Time of Incident: _____ AM PM

Member's Name (Last, First, M.I.): _____

Member's Date of Birth: _____ Member's AHCCCS ID: _____

Provider Name: _____

Provider Address: _____

Describe Service Provided at time of incident:

Name of Provider Involved (Last, First, M.I.): _____

Phone Number: _____

Provide a description of the event and how it was detected?

Incident Type – Other:

Provide a detailed description of the incident, including all known facts:

What happened before the incident?

- What type of day was the Member having?

- Normal Routine Yes No
- Interruptions to Normal Routine? Yes No

- If yes, describe the interruptions: _____

- What activity was the Member engaged in before the incident occurred?

- Was anything unusual happening in the environment before the incident occurred?

Yes No

- If yes describe what was unusual in the environment:

- Were there similar incidents that occurred during the week before the incident occurred?

Yes No

- Was the Member displaying signs of agitation prior to the incident?

Yes No

- Were techniques or steps taken to de-escalate the situation? Yes No

- If yes, describe the techniques utilized:

What happened during the incident?

- Was the Behavior Plan followed? Yes No N/a

- If yes, specifically, what techniques were implemented based on the plan?

- If no, please explain why not?

- Were emergency measures used during this incident? Yes No

- If yes, what type of Prevention and Support was utilized during the event:

Name of Provider involved in technique: _____

- Did the technique result in an injury to the Member?

Yes No

- If yes, please describe the injury:

- Did the technique result in an injury to the staff: Yes No

- If yes, please describe the injury:

- Does the incident require a change to the Members BTP? Yes No

- Were there any recent changes to the BTP due to prior incidents?

Yes No

- If yes, related to the incidents that occurred in the past:

30 60 90+ days

- Was the Member injured? Yes No N/A

- If yes, describe injuries?

- How was the Member injured:

- Was the Behavioral Health Crisis Line called? Yes No N/A

- If yes, describe the outcome:

- Was 911 called? Yes No N/a

- If yes, to request: *Check all that apply*

Support from Law Enforcement

Name Responding Law Enforcement Entity: _____

City: _____ State _____ Zip Code _____

Name of Responding Officer: _____

Badge # _____ Enforcement Report # _____

Support from Paramedic Evaluation/Transport

- Was Member taken transported by ambulance to an Emergency Department?

Yes No

- If yes, Name of Hospital: _____

City: _____ State _____

- Was Member then discharged from Emergency Department?

Yes No

Not known at time incident report was completed by staff

- Was the Member then admitted to the hospital?

Yes No

Not known at time incident report was completed by staff

- Was Member taken to the Urgent Care by provider:

Yes No N/A

- If yes, Name of Urgent Care: _____

City: _____ State: _____

- Was any first aid provided? Yes No Not Needed

- If yes describe the measures taken:

- If no, or not needed, describe reason why:

Name of Individual making the determination: _____

Notifications:

Parent/ Guardian Notified: Yes No N/A- No appointed Guardian

If yes, name of person notified: _____

Relationship to Member: Parent Guardian Public Fiduciary

TSS Case Worker

Date of Notification: _____ Time of Notification _____ AM PM

If no, explain why:

Support Coordinator Notified: Yes No

If yes, name of person notified: _____

Date of Notification: _____ Time of Notification _____ AM PM

If no, explain why:

Protective Services Notified: Yes No N/A

If yes, please indicate all agencies notified:

Adult Protective Services (APS)

Department of Child Safety (DCS)

Tribal Protective Services

Other

Date of Notification _____ Time of Notification _____ AM PM

Report made via: On-Line Telephone Fax

If made via telephone, name of person receiving the report: _____

Report # _____

If No or N/A, explain why:

Law Enforcement Notified: Yes No

If no or N/A, explain why:

If yes, how was Law Enforcement notified: 911 call Non-Emergent call

Date of Notification: _____ Time of Notification _____ AM PM

Name of Responding Law Enforcement Entity: _____

City _____ State _____ Zip Code _____

Name of the Responding Officer: _____ Badge # _____

Enforcement Report # _____

Other Agency Notified Yes No N/A

If yes, please indicate all agencies notified:

Arizona Center for Disability Law (ACDL) Probation DES Case Worker

Other _____

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