



RECORD #

INCIDENT REPORT

Client Name: _____ Date of Incident: _____
 Staff Name: _____ Time of Incident: _____
 Witnesses: _____

Critical Incidents:

- Client admitted to crisis center/psychiatric hospital
- Client arrested
- Client on runaway status >4 hours or police involved

Action:

Complete Incident Report and turn in within 1 week

Session Incidents:

- Client ran away during session
- Client/staff injury during session
- 911 called during session
- Client/other destroyed property during session
- Client/other presented with high risk of suicide during session or phone call
- Client/other used, possessed or appeared under the influence of substance abuse
- Physical restraint used during session (against agency policy)

Action:

Contact Clinical Supervisor within 24 hours

AND

Complete Incident Report and turn in within 1 week

Abuse Reporting:

- Children & Families Abuse Hotline Called
(1 800 96 ABUSE)

Action:

Contact Clinical Supervisor before calling hotline

AND

Complete Incident Report and turn in with 1 week

Other Incidents:

- Potential legal liability
- Parent complaint
- Other: _____

Actions:

Contact Program Manager within 24 hours

AND

Complete Incident Report and turn in within 1 week

Description of Incident:

Name of Supervisor Notified: _____ Date Notified: _____

Staff Signature: _____ Date: _____

Supervisor Response:

Action taken after the incident: _____

Supervisor Signature: _____ Date: _____