AAA	

HISPANIC FAMILY COUNSELING, INC. Orange/Seminole/Osceola/Brevard/Lake Main Office: 6900 S. Orange Blossom Trail, Suite 402 • Orlando, FL 32809 Phone (407) 382-9079 • Fax (407) 964-1274 referrals@hispafam.com **RECORD #**

INCIDENT REPORT

Client Name: I	Date of Incident:
Staff Name: 7	Time of Incident:
Witnesses:	
Critical Incidents:	
□ Client admitted to crisis center/psychiatric hospital	Action:
Client arrested	Complete Incident Report and turn in within 1 week
Client on runaway status >4 hours or police involved	
Session Incidents:	Action:
Client ran away during session	
Client/staff injury during session	Contact Clinical Supervisor within 24 hours
911 called during session	<u>AND</u>
Client/other destroyed property during session	Complete Incident Report and turn in within 1 week
$\hfill\square$ Client/other presented with high risk of suicide during session or phone call	
□ Client/other used, possessed or appeared under the influence of substance ab	Duse
Physical restraint used during session (against agency policy)	
Abuse Reporting:	Action:
□ Children & Families Abuse Hotline Called	Contact Clinical Supervisor before calling hotline
(1 800 96 ABUSE)	AND
(1 800 90 ABUSE)	Complete Incident Report and turn in with 1 week
	Complete incluent report and turn in with 1 week
Other Incidents:	Actions:
Potential legal liability	Contact Program Manager within 24 hours
Parent complaint	AND
Other:	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: