Integrated Therapy Solutions of Oklahoma, LLC
620 NW 5th St. Suite D
Moore, OK 73160
Ph: (405) 208-4469 Fax: (405) 208-4472

CRITICAL INCIDENT FORM

1. Name of staff person reporting incident: _____
2. The names of the consumers, staff members or property involved _____

   _____

   Was call made to DHS or APS hotline? Name of worker taking call (if available) _____

   Time _____Date _____ Referral #_____
3. A (short) description of the incident reported:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____
4. Is the client/family aware report was made? _____
5. Additional Info:

   _____

   _____

   _____

   _____

_____

Responsible LBHP Signature, Degree/License/Under Supervision Date

_____

Agency Supervising LBHP Signature & Credentials Date

Client Name: _____