



DIVISION OF DEVELOPMENTAL SERVICES

CRITICAL INCIDENT REPORT

NAME OF PERSON:
NAME OF AGENCY:
NAME OF GUARDIAN:
NAME OF PERSON REPORTING:

TYPE OF INCIDENT (Check all that apply:)

Please use "Critical Incident Report for Restraint" to report restraint.

- Death, Hospitalization, Injury requiring medical attention, Criminal Act, Missing Person, Fire, theft or destruction of property, Suspected abuse, neglect, exploitation, Other unusual or significant event

DATE OF INCIDENT: TIME:

LOCATION:

DESCRIPTION OF INCIDENT:

ACTION TAKEN:

WHO WAS NOTIFIED ABOUT THIS INCIDENT? Supervisor/Case Manager, Guardian, Agency Director, Division Of Developmental Services, APS, SRS, Other

IS FOLLOW-UP NEEDED? Yes No - If yes, please describe follow-up that is needed:

SUPERVISOR REVIEW: NAME: DATE:

COMMENTS: