



2938 North Ave, Suite G
Grand Junction, CO 81504
970-245-1616 fax 970-241-8722

INCIDENT ACCIDENT UNEXPLAINED UNJURY ABUSE ALLEGATION

Name _____ Facility/Program _____
Date of incident _____ Time Begin _____ am/pm Time End _____ am/pm
(Please circle one)

Staff Signature/Title _____ Date _____

Incident was directly observed. Other Witnesses _____

Incident was reported. Report given by _____

If the incident involved one of the following (will be reported to HRC):

Temporary Restriction (note type and duration in narrative)

Time Out (not location, time quiet, total time in narrative)

Physical Guidance/Restraint (note time start/end and method used in narrative)

Respite/Suspension (note location and anticipated duration in narrative)

What is the likelihood the behavior requiring emergency intervention will reoccur?

DESCRIBE:

1. Antecedents-known/suspected

2. The Incident

3. The Resolution-actions taken

4. Recommendations

(if you need to enter more description information, please another sheet)

Persons Notified _____

Case Manager Signature _____ **Date** _____

Required Follow up Action (immediate and long term; by whom)

Distribution:
Copy 1 - case manager
Copy 2 - site file