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303.703.9351 fax: 303.303.7300

Incident Report

Client Name _____ Facility/Location _____

Incident Date _____ Incident Time _____ am pm Date Reported _____

Type of Incident (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Injury to Client | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Aggression to Property |
| <input type="checkbox"/> Injury to Others | <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Aggression to Others | <input type="checkbox"/> Client Illness | <input type="checkbox"/> Neglect/Abuse by Staff |
| <input type="checkbox"/> Aggression to Self | <input type="checkbox"/> Medication Error | <input type="checkbox"/> Client Grievance |
| <input type="checkbox"/> Restraint | <input type="checkbox"/> Medical Problems | <input type="checkbox"/> Client Missing |
| <input type="checkbox"/> Suicide/Suicide Gesture | <input type="checkbox"/> Legal Problem or Protective Service Involvement | |
| <input type="checkbox"/> Other _____ | | |

ALL INCIDENTS MUST BE REPORTED IMMEDIATELY TO THE ARIEL CASE MANAGER OR ON-CALL STAFF PERSON.

In all descriptions include who, when, where and what happened.

People present

Person Notified & time

Describe incident in detail, including place, time and action taken:

Describe the child's **physical, emotional and behavioral condition during** the incident:

What was the child's physical, emotional, and behavioral condition **following** the incident:

Describe any discussion and evaluation with the child **after** the incident:

Completed by _____ Date _____

Office use only

QAP Comments:

_____ Date _____

QAP Signature

Reviewed by _____ Date _____

Reviewed by _____ Date _____