

UNUSUAL INCIDENT REPORT

INSTRUCTIONS: NOTIFY APPROVING AGENCY, PLACEMENT SOCIAL WORKER AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE. RETAIN COPY OF REPORT IN RESOURCE FAMILY'S FILE.

NAME OF RESOURCE HOME		RESOURCE FAMILY ID NUMBER 57-	TELEPHONE NUMBER
ADDRESS		CITY, STATE, ZIP	

INDIVIDUALS INVOLVED	RELATIONSHIP TO RF	AGE	SEX	DATE/ LOCATION OCCURRED

TYPE OF INCIDENT

- | | | | |
|--------------------------------|--------------------------------------|-----------------------|-----------------|
| Aggressive Act/Self | Injury-Accident | Medical Emergency | Fire |
| Aggressive Act/Staff | Injury-Unknown Origin | Sexual Incident | Theft |
| Aggressive Act/Another Minor | Injury-From another minor | Property Damage/ Loss | AWOL |
| Aggressive Act/Family, Visitor | Injury-From behavior episode | Epidemic Outbreak | Death |
| Use of Restraint | Threaten/Attempted/Committed Suicide | Criminal Act | Other (explain) |
| Alleged Violation of Rights | Hospitalization | Substance Use/Abuse | |

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

OVER

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED:	ADMINISTERED BY:
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ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS):

FURTHER ACTIONS REQUIRED OR FOLLOW-UP TREATMENT, IF ANY:

RFA SOCIAL WORKER/SUPERVISOR COMMENTS:

REPORT SUBMITTED BY:	NAME AND TITLE	DATE
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE	DATE

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

APPROVING AGENCY _____ ADULT/CHILD PROTECTIVE SERVICES _____

OMBUDSMAN _____ PARENT/GUARDIAN/CONSERVATOR _____

LAW ENFORCEMENT _____ PLACEMENT AGENCY _____