



Incident Report Form

All incidents must be reported within 24 hours of the incident or within 24 hours of when the Accra staff became aware of the incident. Reports are to be made to Client Services at 952-935-3515 ex. 540 or clientcare@accracare.org. A separate form must be completed for each person – do not use identifying information, such as names or initials, if the incident involved another person receiving services. Fax completed form to Accra at: 952-935-7112.

If this is an employee injury see the Work Comp Policy and call the Work Comp Coordinator at: 952-935-3515/866-935-3515 ex. 505.

Date of incident: _____ Time of incident: _____ am / pm

Location of incident: _____

Client's name: _____

Person reporting the incident: _____ Phone number: _____

Responsible Party: _____ Phone number: _____

Incident Type (check all that apply):

- Death or serious Injury (Must also be reported using the forms from the [Office of Ombudsman for Mental Health and Developmental Disabilities](#))
- Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires the program to call 911, physical treatment, or hospitalization
- Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team
- An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department
- Unauthorized or unexplained absence from a program
- Conduct by a person against another person that: is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program
- Any sexual activity between persons that involves force or coercion
- Any emergency use of manual restraint (Also refer to Emergency Use of Manual Restraint Policy)
- A report of alleged or suspected child or vulnerable adult maltreatment (Also refer to Maltreatment of Minors or Vulnerable Adults Reporting Policy)
- Medication error (Attach Med Error report if applicable)
- Potential Fraud (Also refer to Fraud, Waste, and Abuse Policy)



I. Description of incident (including the nature of any injuries):

II. Identify actions taken by employee(s) and treatment given:

III. Identify measures to be taken to remedy and prevent recurrence:

IV. Name of treating physician, medical facility and or hospital (include phone number, date care given, and time):

V. Physician's diagnosis of injury, illness or cause of death if known:

When applicable, coordinated service and support plan addendum(s) were implemented as written for the person(s) involved.

Applicable program policies and procedures were implemented as written. If no explain:

Staff person(s) who responded to the incident: _____

Name and signature of reporting staff