Incident Report Form

To be sent to DD case manager of involved resident within 24 hours of any critical incident.

NAME of Resident:	Birth date or age:	
Foster Home:	_ Incident date & time:	Report date:
Please check all that apply: □Accident □Injury/Illness □Unusual Incident □Restraint □Ambulance □Guardian Notified □Physical abuse □Verbal abuse □Neglect □Sex abuse □Restriction □Personal Funds □Fire □Police (If police called, did CIT officer respond? Y / N) □Arrest/Citation □Medical Hospitalization □Psychiatric Hospitalization □New Psych. Med. □Death		
<b>DESCRIPTION:</b> Please summarize incident and describe specific details, including times, dates, places, names of anyone involved and any witnesses. If more space is needed, please attach additional page(s).		
Signature of person making reports		Date:
Signature of person making report:		Date.
Name (written clearly):		Position:
Foster provider's remarks or response to report:		
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Foster Provider signature		Date:
Date sent to DD Case Manager (c/o DCMH by Fax Mail	H Developmental Disabilities Progra	m 2577 Courtney Drive, Bend, OR 97701):
Other people notified:		
OPTIONAL: Case Manager's remar	ks/response: (To be returned	d to Foster Provider ASAP.)
Case Manager signature		Date:
Case Manager Signature		Date.
Followup action taken or required (	on de	