# Incident Report

**INCIDENT REPORT FORM**

**This document is subject to confidentiality requirements and should be handled accordingly.**

**Section 1 Background Information**

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Date of Notification: _____ Time of Notification: _____

**Name of Provider/Program Area/Facility: _____County: _____**

**Address of Incident: _____**

**Incident Primary Category (Note: primary category and secondary if applicable) Items in red require immediate attention!**

___ Adult Death
___ Allegations Abuse/Neglect
___ FC referral / Institutional
___ Allegation Fraud
___ Altercation
___ Baker Act
___ Child Death
___ Child Arrest
___ Child on Child (sexual)
___ Client Injury/Illness Severe
___ CPI Non-Violent Crisis
___ Emergency Shelter Placement
___ Employee Arrest
___ Employee Misconduct
___ Falsification of Records
___ Media Attention/Alert
___ Medication/Mismanagement
___ Missing Child/Abduction
___ Missing Child less than 8 hours
___ Quality of Care Concern
___ Sexual Abuse/Battery
___ Significant injury to staff
___ Suicide Attempt
___ Security Incident – Building
___ Security Incident (breaches electronic paper)
___ Vehicular Accident
___ Other Incident: _____
___ Follow up Report: _____

**Identifying Information**

| Names (First, Last) of Participant(s) and Witness(es) FSFN Report # (if applicable) | DOB | Race | Sex | Client Status Employee title | Client's Primary State of Residence | Participant (P) or Witness (W) |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

**Summary of Events:** (Describe the incident in detail; what happened, when did it happen, where did it happen, and who was involved.)

_____

_____

_____

_____

_____

**Section 2 Corrective Action/Follow-up/Referral Information**

Is follow-up action needed? ____Yes ____No Specify:_____

Planned Corrective Actions/Countermeasures: *(Indicate corrective actions planned or taken, along with date of action.)*

_____

Law Enforcement Notified: ___ Yes ___ No Which Law Enforcement Agency? _____

Name, Badge/ID#

# Incident Report

**Embrace Families CBC Required Contacts/Notifications:**

Parents Notified: ___ Yes ___ No ___ NA Method of Notification: ___ Phone ___ Face to Face ___ Email Date: _____

Court Notified: ___ Yes ___ No ___ NA Method of Notification: ___ Phone ___ Face to Face ___ Email Date: _____

GAL Notified: ___ Yes ___ No ___ NA Method of Notification: ___ Phone ___ Face to Face ___ Email Date: _____

AAL Notified: ___ Yes ___ No ___ NA Method of Notification: ___ Phone ___ Face to Face ___ Email Date: _____

Caregiver Notified: ___ Yes ___ No ___ NA Method of Notification: ___ Phone ___ Face to Face ___ Email Date: _____

**Reporting Employee:** _____
Print Name

**Date & Time of Report:** _____ Telephone Number: _____

Supervisor: _____ Telephone Number: _____
Print Name

**Copies should be sent to your internal contact, the child's Case Manager (if not the reporter) and to Embrace Families via Email: *incidentreports@embracefamilies.org*.**
**Please call Embrace Families Incident Report Manager at 407.321.441-2060 with any questions.**