

# REGIONAL COMMUNITY SERVICES INCIDENT REPORT INSTRUCTION SHEET

## Consumer Reporter Location Information:

<b>Individual #:</b>	Individual's social security number
<b>Sex:</b>	Gender
<b>Case #:</b>	Assigned by RCS
<b>Region #:</b>	DMH-DID Community Services Region
<b>Fname:</b>	First name
<b>Lname:</b>	Last name
<b>Phone:</b>	Residential number
<b>Address:</b>	Location of residence
<b>City/Zip:</b>	City where residing
<b>Residential Opr:</b>	Name of home or subcontracting entity
<b>Res Site Code:</b>	Certification code of residential site
<b>310:</b>	Case management agency
<b>Reported By:</b>	Name of person reporting incident
<b>Date Occurred:</b>	Date incident occurred
<b>Time Occurred:</b>	Time incident occurred
<b>Contact Relationship/Agency:</b>	Where individual reporting incident is employed and their title
<b>Contact Phone:</b>	Phone number of agency where reporting individual is employed
<b>Received by:</b>	Person in RCS office receiving actual report (Completed by RCS)
<b>Date Received:</b>	Date incident report received in RCS office (Completed by RCS)
<b>Time Received:</b>	Time incident report received at RCS office (Completed by RCS)
<b>Where Incident Occurred/Observe:</b>	Physical location where incident happened (i.e. Kitchen)
<b>Prog/Loc Opr:</b>	Official name of site where incident occurred (i.e. Blake Home)
<b>Loc. Site Code:</b>	Certification code of site where incident occurred
<b>310:</b>	Case management entity over area where incident occurred

## **Incident Detail Information:**

<b>Waiver Status:</b>	Waiver enrolled in (i.e., ID or LAH) or non-waiver recipient
<b>Primary Type Code/Title:</b>	Code and title associated with the most significant/severe incident
<b>Secondary (a) Code/Title:</b>	Code and Title associated with the incident noted to be of next concern or importance
<b>Secondary (b) Code/Title:</b>	Code and title associated with the incident noted to be of lesser concern or importance
<b>Staff/Other Involved:</b>	Staff or other persons, other than another individual supported, involved in or contributing to incident
<b>Their Status:</b>	Involved staff or other person's status as of the reporting of the incident (i.e. suspended pending investigation)
<b>Incident Description:</b>	Describe how the incident occurred
<b>Signature:</b>	Signature of person reporting/completing incident report
<b>Date:</b>	Dated incident report completed
<b>Supervisory Action or Planned by Provider:</b>	Actions provider has or plans to complete with regards to the incident
<b>Signature:</b>	Signature of supervisor reviewing incident report
<b>Additional Instructions Given by RCS:</b>	Immediate request or recommendation from RCS to prevent future incident or injury

## **NOTIFICATIONS:**

Note date reported to each agency by notifying entity.

Check to indicate all agencies that are investigating the incident.