

TuscBDD Unusual Incident/Major Unusual Incident Report Form

Provider Name & Address:		
Individual's Name:		County Board Code: Select from Drop-Down
Address:		City/County:
Date of Incident:	Time of Incident:	<input type="checkbox"/> AM/ <input type="checkbox"/> PM
Location of Incident (home in bathroom, at the mall, lunchroom at work):		
Description of Incident (Who, What, Where, When):		
Injury-Describe Type & Location:		
Immediate Action to Ensure Health & Welfare of Individuals:		
Name of PPI(s):		Relationship to Individual:
Witnesses to Incident:		Others Involved:
Type of Notification	Name/Title	Date/Time
Guardian/Advocate		
SSA (required for Independent Living)		
Licensed or Certified Provider		
Staff or Family living at the Individual's home & responsible for the Individual's care.		
LE (Name, Badge Number, Jurisdiction, and contact information required for Law Enforcement)		
CPSA (Name and contact information Required for Children Services)		
County Board		
Administrator (Required for ICF)		
Support Broker (If applicable)		

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Additional Information/or Administrative Follow-Up:

A. Further Medical Follow-up:

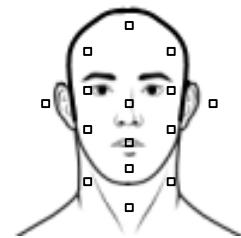
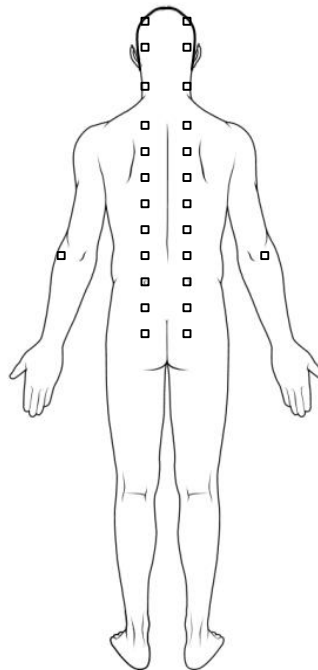
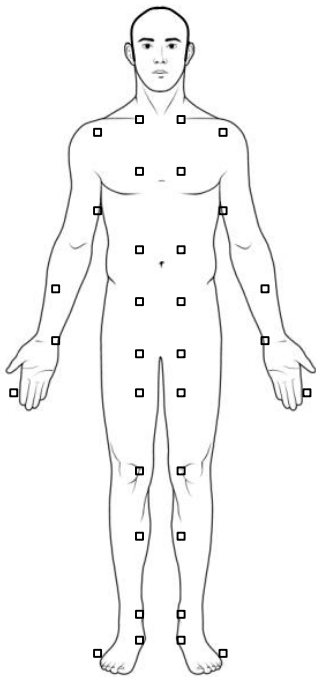
B. Administrative Action:

Printed Name:

Signature:

Title:

Date:



Causes and Contributing Factors:

Preventative Measures: (For Provider's internal use):

Administrator Review:

Date: