|  |  |
| --- | --- |
|  | INCIDENT REPORT |

*\*Complete form and submit to Arlington County Case Manager and* [*ArlingtonIncidentReports@arlingtonva.us*](mailto:ArlingtonIncidentReports@arlingtonva.us)

Please Mark Tier of Incident: Tier I / Tier II / Tier III

\*Reporting requirements are in alignment with the Department of Behavioral Health and Developmental Services (DBHDS)

**BACKGROUND INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization** |  | | | | |
| **Address** |  | | | | |
| **City** |  | **State** |  | **Zip** |  |
| **Location of Incident** |  | | | | |
| **Client Name** |  | **Date of Birth** |  | **Age** |  |
| **Ethnicity** |  | **Gender** |  | **Arlington Case Manager** |  |
| **Agency Case Manager** |  | **Date of Incident** |  | **Date of Discovery of Incident** |  |
| **Time of Incident** |  | **Date of Report** |  | **Name of Person Completing Report** |  |

**COMPLETE FOR TIER I SERIOUS INJURIES/INCIDENTS (check all that apply)**

Adverse Reaction  Contusion  Abrasion/Cut

Fall  Redness/Swelling  Other:

Bite

**COMPLETE FOR TIER II SERIOUS INJURIES/INCIDENTS (check all that apply)**

Assault by client  Ingestion of Substance  Overdose

Assault by staff  Medication Error  Stroke

Choking  MRSA/Infection  Burn

Elopement/Runaway  Overnight Absence Without Permission  Sprain

Heart Attack  Possession of Weapon  Laceration

Seizure/Convulsion  Infectious Exposure  Property Destruction

Human Right Incidents  Verbal Threats of Harm  Dislocation/Fracture

Self-Injurious Behaviour  Police Involvement  Theft

School Suspension/Expulsion  Emergency Room Visit  High Profile Events

Allergic Reactions  Other:

**COMPLETE FOR TIER III SERIOUS INJURIES/INCIDENTS (check all that apply)**

Suicide/Suicidal Attempt  Sexual or other Felonious Assault of an Individual  Death

Injury Resulting or Likely to Result in Permanent Physical or Psychological Impairment *(to include Human Rights Incidents*)

**COMPLETE FOR DEATHS ONLY (check all that apply)**

Accidental  Homicide  Natural  Suicide  Undetermined

**COMPLETE FOR INCIDENTS INVOLVING RESTRAINTS ONLY (check all that apply)**

Pharmacological  Physical  Other:

**COMPLETE FOR HUMAN RIGHTS INCIDENTS ONLY (check all that apply)**

Confidentiality Breach  Misuse or Denial of Services for Punishment  Abuse Allegation

Client Complaint  Discrimination and Exploitation Allegation  Neglect Allegation

Use of Excessive Force  Use of Threatening or Demeaning Language  Other:

Use of Position to Extract Personal Gain  Failure to Provide Services by Responsible Party

**INCIDENT SUMMARY**

**COMPLETE FOR SERIOUS INJURIES AND INCIDENTS**

|  |  |
| --- | --- |
| **Did the injury or incident involve loss of consciousness?** | Yes  No |
| **Medical attention provided?** | Yes  No  **(If yes, Date and Time):** |
| **Medical Attention Type** | Emergency  Non-Emergency |
| **Description of Medical Treatment Provided and Finding** |  |
| **Was an internal investigation initiated?** | Yes  No  **(If yes, indicate date begun):** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Notifications** | **Name** | **Date and Time Notified** | **Investigation Needed (Arlington Internal Use Only)** | | |
| DHS / CW / CSB / APS / Courts |  |  | Staff Assigned: | | Date Assigned: |
| Local CPS  (if applicable) |  |  | Date Completed: | | Date Submitted: |
| Virginia DSS  (if applicable) |  |  | Resolved | Yes  No | |
| Law Enforcement  (if applicable) |  |  | If Yes, Resolution Date and Outcome: | | |
| Other (i.e. Therapist, Foster-Parent, etc.) |  |  | If no, Description of Follow-Up Needed: | | |

**OUTCOMES**

Staff Name, Credentials, Title Date

Supervisor Name, Credentials, Title Date