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

*\*Complete form and submit to Arlington County Case Manager and* *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