



## **Incident Reporting Form**

Please complete this form to report any critical or unusual incident reports at shelter. Send the completed forms electronically to [DHSsheltercontracts@arlingtonva.us](mailto:DHSsheltercontracts@arlingtonva.us) with a copy sent to the DHS Clinical Coordination Program Manager within 24 hours of the critical incident.

**Name of Person Completing Report:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### **Type of Incident (Please select one):**

- Critical Incident:** A critical incident is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a participant or staff. A critical incident is defined as: abuse, neglect, exploitation, rights violations, serious injury, missing person, death, medical or psychiatric emergency, medical errors, law enforcement contact or suicide attempt.
- Unusual incident:** An unusual incident is a behavior or situation that disrupts routine provider operations and deviates from normal operations. An unusual incident is defined as: self-injuring behavior, indirect threats, illegal activities, accidents without injuries, unplanned emergency room or hospital admissions, and other similar types of incidents.

### **Program (Please identify the program where the incident took place):**

**Organization:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Location of Incident: (client home, shelter site, administrative office, ect.):**

\_\_\_\_\_

