

***Licking County Board of MR/DD
Unusual Incident Reporting Form***

PLEASE PRINT LEGIBLY!

Name of Individual Served: _____

Today's Date: _____

Adult Child

Time: _____

Printed Name of Person/Staff Completing UIR: _____ Title: _____

Location/Site of Incident: _____ Incident Date: _____ Time: _____

FULL NAMES ONLY of staff and others who witnessed the incident. (INITIALS ONLY, if witness is served by LCBMR/DD.)

Describe what was happening just before the actual incident:

Describe the actual incident (What happened, how did it happen, use clear language and be specific):

Describe any injuries (what and to whom) and/or property damage: _____

Injury/Body Marks Attachment Completed? Yes No Accident Report Completed? Yes No

This incident was reported to (supervisor's printed name): _____

Signature of person completing report form: _____

Supervisory/Agency Review

Names of Notifications Made:

Parent/Guardian	Date	Time	Method	Notified by
Service Coordinator	Date	Time	Method	Notified by
MUI Coordinator	Date	Time	Method	Notified by
Children Services/Law Enforcement	Date	Time	Method	Notified by
Other	Date	Time	Method	Notified by

Type of Incident: *(Please choose only one that best applies.)*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Alleged Abuse/Neglect | <input type="checkbox"/> Known Injury | <input type="checkbox"/> Peer-to-Peer act | <input type="checkbox"/> Unscheduled Hospitalization |
| <input type="checkbox"/> Attempted Suicide | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Prohibited Sexual Relations | <input type="checkbox"/> Behavioral Incident |
| <input type="checkbox"/> Death | <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Rights Code Violation | <input type="checkbox"/> Injury Unknown Origin |
| <input type="checkbox"/> Failure to Report | <input type="checkbox"/> Missing Money/Property | <input type="checkbox"/> Unapproved Behavior Support | |
| | <input type="checkbox"/> Missing Person | <input type="checkbox"/> Unknown Injury | |

OTHER (please describe): _____

Name(s) of the Primary Person(s) Involved: _____

Relationship to Individual: _____

Signature/Title

Date/Time

Signature/Title

Date/Time

Other Comments:
