

Office of Substance Abuse and Mental Health Services

Critical Incident Reporting Form Instructions

Agency Information: Enter the name of the agency as it appears on the license, the address of the agency, and the telephone number at the agency.

Facility Information: Enter the name of the facility if it is different from the Agency, the address of the facility (if it is a satellite site, and the telephone number at the facility.

incident type:

Check the appropriate box to indicate the level of critical incident that has occurred.

Level I incidents are events that result in death or serious injury. The list on the form is not all inclusive.

Level II incidents are undesirable events that compromise client safety or quality of care. The list on the form is not all inclusive.

Client Information: Enter the clients name and identification, parents guardian if applicable, gender, age, date of birth, their residence, check if they are a class member, current status of client. (**Substance Abuse Clients** Name – Enter client's initials not the name. Client identification number is their birthdate and last four of social).

Incident: Enter the date and time of incident. The location and description of incident and the staff involved.

Staff Responses: Enter what actions were taken to ensure safety, if any medical attention was required and what the agency's/facility's response was to the incident.

Follow up: Enter what follow up will be done regarding this incident.

Notifications: Enter who was notified regarding this incident

Program: Check the appropriate boxes regarding your program.

Complete the form with name/signature of staff person and supervisor