



Delaware County Board of Developmental Disabilities

To inspire, empower, and support people to achieve their full potential.

Incident Reporting Form

MUI Hotline during business hours: 740-201-3608 ~ After Hours: 740-369-3316 (HelpLine)

Email report to MUI@dcbdd.org or fax to 740-201-3608 by 3 pm the following business day.

Provider Name & Address:		
Individual's Name:		DOB:
Address:		City/County:
Date of Incident:	Time of Incident:	AM/PM
Location of Incident (home in bathroom, at the mall, lunchroom at work):		
Description of Incident (Who, What, Where, When):		
Injury – Describe Type & Location:		
Immediate Action to Ensure Health & Welfare of Individuals:		
Name of Primary Person Involved:		Relationship to Individual:
Witnesses to Incident:		Others Involved (attach statements of witnesses):
Type of Notification	Name/Title	Date/Time
Guardian / Advocate		
Service and Support Administrator		
Service and Support Administration Supervisor		
Licensed or Certified Provider		
Staff or Family living at the Individual's home & responsible for the individual's care.		
Law Enforcement (Name, Badge Number, Jurisdiction, and contact information required)		
Children Services (if under 21 years old and abuse or neglect is suspected) 740-833-2340		
Support Broker (If applicable)		

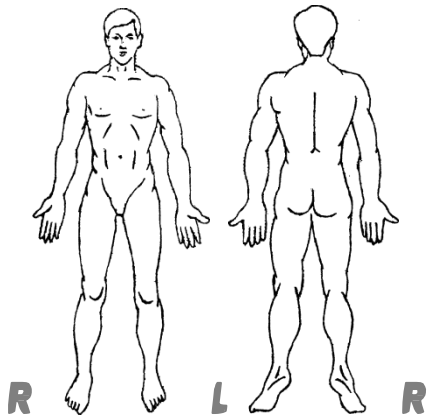
Additional Information/or Administrative Follow-Up:

A. Further Medical Follow-up:

B. Administrative Action:

Body Part Injured:

0	Head or Face	0	Neck or Chest
0	Mouth / Teeth	0	Abdomen
0	Hands / Arms	0	Back / Buttocks
0	Feet / Legs	0	Genitals
0	Other __		



Signature of person completing form

Title

Date

Complete for UI Investigations:

Causes and Contributing Factors:

Preventive measures: