**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.

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| 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)  |  |  |

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



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|   |

Signature of person completing form Title Date

**Complete for UI Investigations:**

Causes and Contributing Factors:

Preventive measures: