**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) |  | |  |

A. Further Medical Follow-up:

B. Administrative Action:

**Body Part Injured:**

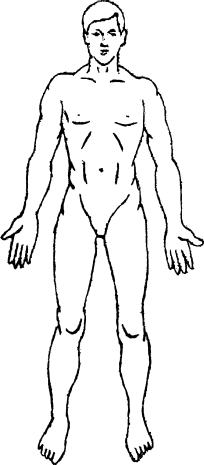
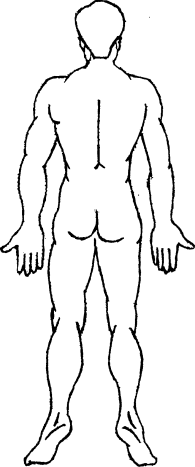
0 Head or Face 0 Neck or Chest

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: