



# Delaware County Board of Developmental Disabilities

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

## Incident Reporting Form

Email report to [MUI@dcbdd.org](mailto:MUI@dcbdd.org) by 3 pm the following business day.

|  |                   |   |
|--|-------------------|---|
| Person Completing IRF Name and Phone # or email address:                                 |                   |   |
| 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  |                   |   |
| County Board Contact (SSA or SC)   |                   |   |
| 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)   |                   |   |

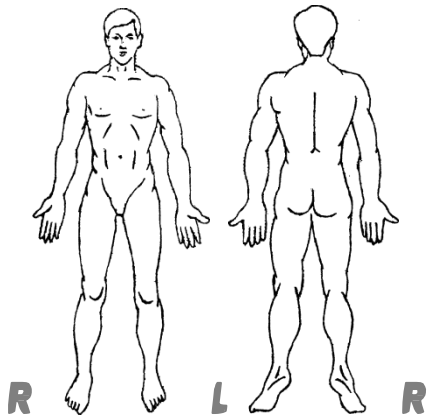
**Additional Information/or Administrative Follow-Up:**

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 __      |   |                 |



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Signature of person completing form

Title

Date

**Complete for UI Investigations:**

Causes and Contributing Factors:

Preventive measures: