

# INCIDENT (UI OR MUI) REPORT FORM

## Ashtabula County Board of Developmental Disabilities

Investigation Support Services Dept. phone extensions: 333 and 303 UI / MUI Fax #: 224-0678

Name: \_\_\_\_\_ Guardian:  Yes  No Type of Incident: \_\_\_\_\_

UI DATE: \_\_\_\_\_ Time \_\_\_\_ : \_\_\_\_ AM or PM DISCOVERED: \_\_\_\_\_ Time \_\_\_\_ : \_\_\_\_ AM or PM

SSA/Case Mgr.: \_\_\_\_\_ Provider at the time of Incident: \_\_\_\_\_

Specific LOCATION of Incident: \_\_\_\_\_

- |   |                                 |  |   |                         |
|---|---------------------------------|--|---|-------------------------|
| 1. INJURY?  | <input type="checkbox"/> Yes    | <input type="checkbox"/> No                | <input type="checkbox"/> Not applicable | (If YES, take to Nurse) |
| 2. CPI Physical intervention used?                            | <input type="checkbox"/> Yes    | <input type="checkbox"/> No                | <input type="checkbox"/> Not applicable | (If YES, take to Nurse) |
| 3. Was there peer-to-peer contact?                            | <input type="checkbox"/> Yes    | <input type="checkbox"/> No                | <input type="checkbox"/> Not applicable | (If YES, take to Nurse) |
| 4. Is there a <b>behavior support plan</b> for this behavior? | <input type="checkbox"/> Yes    | <input type="checkbox"/> No                | <input type="checkbox"/> Not applicable |                         |
| 5. Does the plan include a CPI restraint?                     | <input type="checkbox"/> Yes    | <input type="checkbox"/> No                | <input type="checkbox"/> Not applicable |                         |
| 6. <b>Was the individual:</b>                                 | <input type="checkbox"/> Victim | <input type="checkbox"/> PPI (Perpetrator) | <input type="checkbox"/> Not applicable |                         |

What happened just prior to the incident? \_\_\_\_\_

**EXPLAIN INCIDENT** (who, what, where, when): \_\_\_\_\_

What did you do to ensure individual was o.k.: \_\_\_\_\_

What can be done to help **prevent / decrease** this type of incident from happening again? \_\_\_\_\_

Print name & title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

