

**FIRST Internal Incident Reporting Form for EORs  
complete within 72 hours and keep in file**

Staff Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant D.O.B. \_\_\_\_\_

Record #: \_\_\_\_\_

Participant Gender  Male  Female

**LEVEL I INCIDENT – required first aide in the home or community. *Keep in a folder.***

bruise  bandage  scrapes

**LEVEL II/III INCIDENT – check the type of incident & describe below. *Contact your Community Navigator for support as Level II/III incidents require a submission in the IRIS reporting system.***

- injury requiring medical care       medication error       rights violation  
 restrictive intervention       fire       auto accident       death  
 consumer behavior- suicidal threats, absences, sexual, aggressive, destructive or illegal       abuse/neglect/exploitation

**TIME OF INCIDENT:** \_\_\_\_\_  a.m.  p.m.  Unknown

**LOCATION OF INCIDENT**

Participant's legal residence     Provider premises     Community     Unknown     Other

**DESCRIBE THE INCIDENT, INCLUDING WHO, WHAT, WHEN, WHERE, & HOW TO PREVENT RECURRENCE.**

*Describe the circumstances, harm to people, property damage, and any other relevant information. Attach additional pages if needed. Do not provide any other participant's name or identifying information here.*

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<b>Other People Involved</b>			
<i>Who was involved? Include staff. Provide the name &amp; relationship to the participant. Do not provide the name or other identifying information for other participants in this section; indicate the number who were involved.</i>	<b>Other Participant</b>	<b>Staff</b>	<b>Other</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Printed Name/Title of Staff Person Documenting Incident

\_\_\_\_\_  
Phone Number of Staff Reporting Incident

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date