

**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.

Other People Involved			
<i>Who was involved? Include staff. Provide the name & 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>	Other Participant	Staff	Other
	<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