



Human Services Department

Wyandotte County Developmental Disabilities Organization

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Critical Incident Report

Provide a detailed summary of the situation and its status on this form or as an attachment. Ensure that the CDDO and all involved providers receive a copy of the form and summary. Please include any action that has been taken to address the incident.

Name of Individual

Date of Incident

Targeted Case Manager

TCM Agency

Please mark the appropriate issue that occurred in the individual's life. Check all that may apply:

- A. Subject to incident of potential:
____ physical harm.
____ mental/emotional harm.
____ sexual abuse/exploitation.
____ theft or exploitation of money or possessions.
____ neglect.
- B. Experienced:
____ an unexpected medical emergency and/or hospitalization
____ an unexplained or reasonably preventable injury.
- C. Contact with criminal justice agency:
____ as a potential victim
____ as a potential suspect.
- D. ____ other

Will there be any additional follow up regarding the Critical Incident Report?

Yes No

Is incident submitted in the Adverse Incident Reporting "AIR" System?

Yes No

Was Adult Protective Services involved?

Yes No

Day Service Provider

Residential Provider

Signature of person completing form:

Date:

FOR CDDO OFFICE USE ONLY

Received by CDDO staff: _____ Date: _____

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