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:
   (a) physical harm.
   (b) mental/emotional harm.
   (c) sexual abuse/exploitation.
   (d) theft or exploitation of money or possessions.
   (e) neglect.

B. Experienced:
   (a) an unexpected medical emergency and/or hospitalization
   (b) an unexplained or reasonably preventable injury.

C. Contact with criminal justice agency:
   (a) as a potential victim
   (b) 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: ___________________________, 10/15/2019