### UGLOGOHuman Services Department

####  Wyandotte County Developmental

#####  Disabilities Organization

##### 701 North 7th, Rm. 346 Phone: (913) 573-5502 Kansas City, KS 66101 Fax: (913) 573-5511

**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

Details:

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

Day Service Provider

Residential Provider

Signature of person completing form: Date:

**FOR CDDO OFFICE USE ONLY:**

**Received by CDDO staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_