### 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:** \_\_\_\_\_\_\_\_\_\_\_\_