**Fairfield Community Supports**

**15663 OH 595 Logan OH 43138**

**Phone: 740-216-4807 E-Mail: jhoagfairfield@yahoo.com**

***UI/MUI Incident Report Form***

|  |  |
| --- | --- |
| Individual’s Name: | Provider/Agency Name: Fairfield Community Supports |
| Date of Incident: | Name of PPI(s):  (PPI: Is another client involved) |
| Time of Incident: | Relationship to PPI(s): |
| Location of Incident: | Witnesses to incident: |

**Check the appropriate box, does the incident you are reporting fall in one of the categories below? If yes, you must immediately** **report to one of the following: supervisor, MUI contact, or county board pager**

Physical Abuse Sexual Abuse Verbal Abuse Death Exploitation Failure to Report   
Neglect Misappropriation Prohibited Sexual Activity Rights Code Peer to Peer Act

DESCRIPTION OF INCIDENT:(WHO, WHAT, WHERE, WHEN**,** Write only what was actually witnessed or reported.)

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INJURY: (describe type and location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IMMEDIATE ACTION: (to ensure health & welfare) :**This Section MUST be completed**

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Causes/Contributing Factors: **\_\_\_\_\_\_\_\_\_\_\_\_**

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**Prevention Plan: (To Be Completed By Administration)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NOTIFICATIONS: (check the appropriate box and include name, date, and time). **This section must be completed as applicable**

Supervisor: Hab Spec:

SSA: WSII: Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Behavior Spec:

MUI Contact: Provider:   
County Board Nurse: Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Nurse: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Person/Staff Reporting Incident (Print Name) Date Phone number

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## Signature of Supervisor, or SSA, or Reviewer (Print Name) Date

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