**NAME of Individual/Resident:**

**DESCRIPTION (check all that apply): ❑ Accident** **❑ Injury ❑ Illness ❑ Suspected abuse ❑Complaint or grievance ❑ serious behavior (on Behavior Plan? ❑ Y /❑ N) ❑ Restraint Used ❑ Missing Money/Property ❑ Property Damage ❑ Police or 911 Contact ❑ Other: Res-Res.** *Use space below (+ extra pages if needed) for the story of the incident. Include specific details, including what & how event happened, who, where, when, witnesses, response by caregiver(s), and what was happening just before event.*

*Signature & Name of person making report:* **Date:**

**Operator’s remarks** or response to report, suggestions for solving problems or preventing recurrence:

***Operator signature:* Date:**

**Date sent to Case Manager:** via**: ❑ Fax ❑ Mail ❑ E-mail ❑ Hand delivery**

**Others notified: ❑ Guardian ❑ Region I Crisis Diversion Office ❑ ­­­Other:**

**OPTIONAL: Case Manager’s remarks/response**: (To be returned to AFC Operator ASAP.)

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***Case Manager Signature*****Date*:***

**Follow up action taken or required, if any (what & when):**