

Critical Incident Reporting Template

1. Name: _____
2. Date: _____
3. Time of Incident: _____
Use Military Time, i.e. 1pm = 13:00, 8pm = 20:00
4. Location of incident: _____
5. Witnesses (including title): _____
6. Type of incident: _____
7. Facts on incident: _____

8. Action each staff took: _____

9. Who responded: _____
10. If transported by whom and to what hospital: _____

11. Notifications to family/emergency contact (Include relationship, date and time of contact): _____

For DDD also include:

1. MIS #: _____
2. Program VID #: _____
3. Date of Birth: _____
4. Guardian/Address/Phone #: _____

5. DDD Case Manager: _____
6. County Medicaid # and/or CCW Medicaid #: _____
7. Support Coordination Agency: _____
8. Support Coordinator: _____