THURSTON MASON
BEHAVIORAL HEALTH ORGANIZATION
Form

TITLE:	Incident Reporting Form	POLICY REFERENCE:	QM-606

Official report must be submitted to the TMBHO within timeframes listed below. Please refer to the above referenced policy for complete definitions of category one (1) and two (2) incidents. If requested, re-submit completed review section below within two (2) weeks of the incident.

☐ **Category One (1) Incident – Report Immediately** ☐ **Category Two (2) Incident – Report Within 24 Hours**

Agency		Name of Person Filing Report
Date of Incident	Time of Incident ☐ AM ☐ PM	Location of Incident

Incident Type *(check all that apply)*

☐ Allegation ☐ Arrest ☐ Media coverage ☐ Property Damage ☐ Other: _____

Name of client(s) involved:	DOB/Age	Service History	Enrolled Status

Witness(es)

Type of Event *(check all that apply)*

- ☐ Intentional Injury
- ☐ Violent Behavior/Assault
- ☐ Alleged Client Abuse or Neglect
- ☐ Bizarre Behavior
- ☐ Restraining Order
- ☐ Attempted Suicide
- ☐ Life Safety Event
- ☐ Natural Disaster
- ☐ Unauthorized Leave of Mentally Ill or Sexual Violent Offender
- ☐ Referral to Medicaid Fraud Control
- ☐ Financial Exploitation
- ☐ Breach or Loss of Client Data
- ☐ An Event Causing Media Attention
- ☐ Damage to Property

Did a Death Occur

☐ No ☐ Yes, what type: ☐ Suicide ☐ Homicide ☐ Accidental ☐ Unknown at this time

Who was notified of the Incident

☐ Family ☐ WA State Patrol ☐ ER ☐ CPS ☐ APS ☐ DMHP ☐ DOH ☐ Medicaid Fraud ☐ Other:

Description of Incident

Post Event Plan

Crisis Plan Revision

Signature and Title _____ Date _____

Supervisor Signature and Title _____ Date _____

POST-EVENT REVIEW SECTION *(to be submitted within two (2) weeks of event)*

Date of Review	Current Location of Consumer (if known)	Is the Consumer Currently in Services ☐ Yes ☐ No	Did the Event Result in a Death? ☐ Yes, answer next section ☐ No

Verification of Death

☐ Death Certificate Attached ☐ Documentation of phone call and/or attempt to retrieve verification (include dates/names)

Person's Involved With Review	**Title**	**Credentials**

Summary of Findings:

Legal Issues:

Follow-Up Actions:

Strategies to Prevent Future Similar Events:

Agency or System Changes Indicated ☐ Yes ☐ No - Why not?	Policy or Program Changes Indicated ☐ Yes ☐ No - Why not?

Completed By:

Signature and Title _____ Date _____

Supervisor Signature and Title _____ Date _____