

**Athens County Board of Developmental Disabilities
Unusual Incident Report Form
Emergency Pager 1-740-447-0710**

Individual's Name:	Individual's Address:
Date of Incident:	Time of Incident:
Location of Incident:	Provider/Agency Name:
PPI Name and Relationship:	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.)

INJURY: (describe type and location)

IMMEDIATE ACTION: (to ensure health & welfare of individual involved any at risk-individuals)

Causes/Contributing Factors:

Prevention Plan (include further medical follow-up information):

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

- | | |
|---|---|
| <input type="checkbox"/> Supervisor: _____ | <input type="checkbox"/> Hab Spec: _____ |
| <input type="checkbox"/> SSS: _____ | <input type="checkbox"/> WSII: _____ |
| <input type="checkbox"/> Teacher: _____ | <input type="checkbox"/> Beh. Spec: _____ |
| <input type="checkbox"/> MUI Contact: _____ | <input type="checkbox"/> Provider: _____ |
| <input type="checkbox"/> Nurse: _____ | <input type="checkbox"/> Guardian: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

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

Signature of Supervisor, or SSS, or Reviewer (Print Name) Date