

## PIPBHC - Critical Incident Report

Please email to Project Director within 24 hours of becoming aware of the incident

Today's Date: \_\_\_\_\_ Date of Critical Incident: \_\_\_\_\_

Name/Title of Individual Completing Form: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Location where Incident Occurred: \_\_\_\_\_

### CLIENT INVOLVED IN INCIDENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PIPBHC ID #: \_\_\_\_\_

Male       Female       Transgender

List any other involved party (i.e. other client, visitor, staff, etc.): \_\_\_\_\_

### NATURE OF INCIDENT

- Death (from any cause after entry into PIPBHC services) - cause of death: \_\_\_\_\_
- Suicide attempt
- Injury to self
- Injury to or assault on others
- Sexual / physical abuse or neglect, or allegation thereof
- Incarceration
- Inappropriate use of PIPBHC funds by client
- Other - specify: \_\_\_\_\_

Describe incident: \_\_\_\_\_

Follow-up actions taken: \_\_\_\_\_

Staff signature: \_\_\_\_\_

IDPH Staff signature: \_\_\_\_\_

Date Received: \_\_\_\_\_