

Emergency COVID-19 - 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: _____ Client ID #: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender List any other involved party (i.e. other client, visitor, staff, etc.): _____ _____
--

NATURE OF INCIDENT <input type="checkbox"/> Death (from any cause after entry into grant services) - cause of death: _____ <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Injury to self <input type="checkbox"/> Injury to or assault on others <input type="checkbox"/> Sexual / physical abuse or neglect, or allegation thereof <input type="checkbox"/> Incarceration <input type="checkbox"/> Inappropriate use of Emergency COVID-19 funds by client <input type="checkbox"/> Other - specify: _____ Describe incident: _____ _____ _____ _____
--

Follow-up actions taken: _____

Staff signature: _____

IDPH Staff signature: _____

Date Received: _____