

Incident Report/Unauthorized Departure Narrative

Name of Consumer _____ Date (mm/ dd/ yyyy) ____/____/____

Address _____ Time Started: _____ Time Ended: _____
(Place of Service) _____ Type of Service (Circle): FC SHL SL RSS

1.) Exact Location of Incident (Where did it happen?)

2.) Describe what happened (use back or additional sheets if necessary.) Include names of all staff & consumers involved.

3.) List of witnesses if any:

4.) Injury to consumer? ___ NO ___ YES - Must Complete Injury Report for EACH consumer.

5.) Injury to staff? ___ NO ___ YES – Must Complete Injury Report for EACH staff.

6. Intervention/Actions Taken (Include Physical or Verbal Prompts):

UNAUTHORIZED DEPARTURES ONLY

Time of Departure: _____ Date: _____

Location _____

Who was notified (Circle all that apply) Case Mgr. Prog. Dir. Parent/LAR Local Police

Time Returned: _____

7.) Staff Name (Print) _____

8.) Signature _____

Title: _____