

What action was taken by staff to immediately ensure health & safety of the individual?

Printed name of staff person completing report _____

Signature of staff person completing report _____

Date report completed _____

**Guardian or other responsible person (if applicable) must be notified on the day of incident
Administration to be notified immediately of any incident of unknown origin

Name, date & time of notification(s) as applicable: (all unknowns must be reported immediately to administration)

Signatures for review, as applicable:

___ Supervisor	_____	_____
___ Administration	_____	_____
___ Guardian	_____	_____
___ County Board	_____	_____
___ Family	_____	_____
___ Provider	_____	_____
___ Nursing Dept.	_____	_____

Name of staff person(s) making notification(s): _____

Provider Follow-up notes

(must be completed by Program Director, SSA, SL/IO Provider, Nurse, or Director's Designee)

Date _____

Signature & title of person reporting incident follow-up _____

Further action requested? ___no ___yes (please describe): _____

Action to be taken by whom? _____

Information regarding suspected MUI status of incident per provider / administration

___ Abuse, physical	___ Neglect	___ Injury	___ Rights violation
___ Abuse, verbal	___ Exploitation	___ Missing person	___ Death
___ Abuse, sexual	___ Law Enfc.	___ Med. Emergency	___ Failure to Report
___ Misappropriation	___ Attp. Suicide	___ Hospital admiss (unexpct)	___ Unauth. behav. supprt.
		___ Peer to Peer acts	___ Prohib. sexual relations

Name & address of PPI: _____

Relationship of the PPI to the individual: _____

County Board notified of MUI status ___yes ___N/A By whom? _____

Who was contacted? _____

How? _____ AM / PM

Guardian notified of MUI status ___yes ___N/A By whom? _____

How? _____ AM / PM

Checked by County MUI Dept: _____

Signature

Date

MUI? ___Yes ___No Provider notified ___Yes ___No How? _____

(Route incident report to county board & per agency policy / procedure)