# Incident Record

**— Do not copy or release this record without written administrative approval —**

Reporting Person's Name: _____ ☐ Employee ☐ Parent/Guardian ☐ Other _____

Regarding: _____ ☐ Self ☐ Client ☐ Staff ☐ Other _____

Client's Name: _____ ☐ N/A

DOB: _____

Services Received: ☐ OT ☐ PT ☐ ST ☐ SW ☐ Other

Date of Occurrence: _____

Time of Occurrence: _____

Location of Occurrence: ☐ Pt. Home ☐ T2K Office

☐ Other: Give name and exact location of business or area.

Type: ☐ Fall ☐ Threat ☐ Accusation ☐ Property Damage ☐ Occupational Exposure ☐ Equipment Problem ☐ Procedural Error ☐ Car Accident ☐ Other: Describe below

Reporting Date:

Agency notified by: ☐ Phone ☐ E-Mail ☐ In Person ☐ Fax/Letter ☐ Other

Family notified? ☐ N/A ☐ No ☐ Yes Who was contacted? Date: _____

Injury Type: ☐ N/A ☐ None apparent ☐ Burn ☐ Contusion/Laceration ☐ Concussion ☐ Dislocation/Fracture ☐ Other: _____ What part(s) of body? _____

*(Write brief objective description of incident)*

Who was directly involved? _____

What happened?

dfjalskdjflkasdjflajdflkjasldkjfl;k

What was done to address the situation:

aslkdjflakdjflakjsdfl;kajsd;flkjas;ldkfjla;s

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Other persons present:

al;dkfjlakdjfl

Follow-up phone number(s).

Home: al;kdjflasdkfj Alternate: ;alkdjflasdkfj

Name of person taking this report: _____

Division: ☐ Parent ☐ East ☐ North ☐ West

Routing: (Writer always notify QA by e-mail once a complaint is initiated)
Employee >Supervisor >HR >QA Client> CM> Supervisor & Director of Rehab Services >QA

Internal forwarding:

To: ☐ RN ☐ QA ☐ Therapy Dir. ☐ DM ☐ Supervisor ☐ HR ☐ Other: _____

Dates: _____ _____ _____ _____ _____ _____ _____

Does complaint appear to meet description of abuse, neglect or exploitation? ☐ No ☐ Yes (Forward to QA immediately)

Does complaint appear to involve faulty equipment or supplies? ☐ No ☐ Yes (Forward to QA immediately)

Does complaint appear to meet the description for sexual harassment? ☐ No ☐ Yes (Forward to HR immediately)

HR ONLY: Does incident meet description of an OSHA event? ☐ No ☐ Yes (If so see OSHA log)

Brief description of OSHA report: _____

Director(s)' external forwarding: ☐ None

To: ☐ Practice Board ☐ DADS ☐ DFPS ☐ FDA ☐ OSHA ☐ Other Other: _____

Dates: _____ _____ _____ _____ _____ _____ *Attach investigation record(s)*

Physician Follow-up? ☐ Yes ☐ No Date returned to work/treatment: _____

Cause or contributing factor: _____

Other follow-up: Date: _____ by _____

Follow up contact made: _____ *via:*

Incident resolved and officially closed: Date: _____ by QA _____ *Signature*

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What happened?

What was done to address the situation:

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