

Follow-up Incident Report Form
New Jersey Department of Human Services
Division of Mental Health & Addiction Services

Submit no later than 45 days following the date the incident was known to the agency.

Submit reports to: dmhs.incidentrept@dhs.state.nj.us or Fax # 609-341-2324.

1) UIRMS #: _____ 2) Incident Date: _____ 3) County: _____

4) Consumer Name: _____ 5) Race/Ethnicity: _____

6) Agency Name/Address: _____

7) Reason for this Report: New Information Investigation Completed Other
Status: Pending Closed

8) Primary Incident Type: _____ Secondary Incident Type (if applicable): _____

9) Agency Findings (enter findings for each allegation and/or code):

Primary Incident: Substantiated Unsubstantiated Unfounded

Secondary Incident: Substantiated Unsubstantiated Unfounded Not applicable

10) Describe the methods used to gather information during agency's internal review (i.e. consumer/staff interview, review of policies, procedures and clinical record, etc.):

11) Describe in detail all NEW/ADDITIONAL information:

(In the event of a death, provide the official cause of death, if known. Attach additional pages as necessary.)

12) Identify all consumer medications:

(Include dosage, route, and frequency for all psychotropic and medical medications.)

13) Does the consumer have a legal status?

No Yes, specify status: _____, and
action taken by agency or applicable legal entity: _____

14) Summary of analysis/evaluation/investigation:

(In addition, attach, as appropriate, completed Appendices 1, 2, 2a, 3, and/or 4. Attach additional pages as necessary. Include alleged victim, alleged perpetrator, and witness statements as appropriate.)

15) Agency Finding(s)/Conclusion(s)/Action(s) planned or taken (i.e.: protective, administrative, treatment, disciplinary, and training actions taken to ensure safety and well-being of consumers):

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Consumer Name: _____ Incident Date: _____ UIRMS #: _____

16) Other remarks/concerns/recommendations).

This document was prepared by: _____ Title: _____

Date: _____ Time: _____ Phone number: _____ E-mail address: _____

Contact person if different than the preparer: _____ Title: _____

Phone number: _____ E-mail address: _____

The information contained in this report is confidential. This document is for internal use only and is not a public document. Only those with a need to know and authority to review this report may review the report. This report may contain confidential client information, as well as protected health information, which are protected by state and federal confidentiality laws. Unauthorized disclosure of any of the contents of this report may result in civil and/or criminal penalties.

If you have received this in error, please call 1-800-382-6717 immediately.