

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 Northern Region Fax # 973-977-6024 or Southern Region Fax # 609-341-2316.

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

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

6) Agency Name/Address: _____

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

8) Reason for this Report: New Information Investigation Completed Other

Status: Pending Closed

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 the incident in detail, including all new/additional information (Note: In the event of a death, provide official cause of death and source. Attach additional pages as necessary):

12) Identify all consumer medications (Include dosage, route and frequency for all psychotropic & medical medications):

13) Consumer Legal Status (Does the consumer have a legal status? If yes, specify. If yes, describe any action taken by agency):

14) Summary of analysis/evaluation/investigation (Include, as appropriate, information listed in Appendix 1, 2, 3 and/or 4 in this section or attach additional pages as necessary. Include alleged victim, alleged perpetrator and witness statements as appropriate.):

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

16) Other remarks/concerns/recommendations: _____

Prepared by: _____ Title: _____

Date/Time: _____ Phone: _____ Email: _____

Contact person if different than the preparer: _____

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