

Initial Incident Report Form
New Jersey Department of Human Services
Division of Mental Health & Addiction Services

Reports must be submitted no later than one (1) working day 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) Date of Report: _____ 2) County/Region: _____

3) Incident Date and Time: _____ 4) Date and Time known to Agency: _____

5) Alleged Victim Name(s): _____

6) Alleged Perpetrator Name(s) (if applicable) and relationship to victim: _____

7) Identified witnesses (if applicable): _____

8) Location of Incident: _____

9) Reporting Agency Name, Address & Program Element:

10) Type of Incident: (check all appropriate categories)

- | | |
|--|--|
| <input type="checkbox"/> Death, Expected | <input type="checkbox"/> Alleged Exploitation |
| <input type="checkbox"/> Death, Sudden and Unexpected | <input type="checkbox"/> Alleged Neglect |
| <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Alleged Verbal/Psychological Abuse |
| <input type="checkbox"/> Alleged Physical Abuse | <input type="checkbox"/> Criminal Activity |
| <input type="checkbox"/> Alleged Physical Assault | <input type="checkbox"/> Elopement/Walkaway |
| <input type="checkbox"/> Alleged Sexual Abuse | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Alleged Sexual Assault | <input type="checkbox"/> Media Interest |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Operational |

11) Provide a brief description of incident being reported: _____

(For DMHAS Use Only) UIRMS #: _____ Primary Code: _____ Secondary Code: _____

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Consumer(s) Involved

Please complete all information below for each individual consumer involved in this incident. (Attach additional sheets if needed)

1) First Name: _____ Last Name: _____

2) D.O.B: _____ 3) USTF#: _____ 4) Gender: _____

5) Identify the role of the aforementioned consumer below:

- Alleged Victim Alleged Perpetrator

6) Consumer on agency site or in presence of staff at the time of this incident: Yes No

(Identify the agency, site and program element if checked yes)

7) Consumer's Residential Service Provider's information; identify the level of care: A+, A, B, C.

Agency Name: _____

Site/Address: _____

Program Element: _____

8) Is this consumer also served by the New Jersey, DHS, Division of Developmental Disabilities (DDD)?

- Yes No

9) If yes to question (8) above, provide the name of the DDD case manager and contact information if applicable.

10) Identify other services (within or outside your agency) that this consumer is involved in:

Agency	Site	Program Element

11) How long has this consumer been receiving services from your agency?

12) How often is this consumer seen by your agency? Specify hours and days per week.

13) When was this consumer last seen by your agency?

14) Has this consumer been discharged within the last 60 days from a STCF, CCIS, state, county or private psychiatric hospital or another community mental health agency? Specify hospital name and discharge date:

15) Does this consumer have any legal/criminal status? If yes, specify:

16) DSM Diagnosis(es): _____

17) List of Medications: _____

18) Incident witnesses:

Name	Title

19) Notifications, including family, local law enforcement and Prosecutor's Office:

Name	Title	Date	Time

20) Describe immediate actions taken or other actions planned: _____

Prepared by: _____ Title: _____

Date/Time: _____ Phone: _____ Email: _____

Contact person if different than the preparer: _____

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CONFIDENTIAL

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.