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):

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:

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