

Section 2 - What do you believe caused the incident?

Section 3 - How did the staff person intervene?

Section 4 - Was medical treatment necessary? No Yes (if yes, explain nature of treatment below)

Where administered?

By whom?

Follow-up treatment?

Section 5 - What can you do to mitigate or prevent this incident in the future?

Section 6 - What is the follow-up plan to ensure the prevention plan is implemented?

Other Agencies / Individuals Notified

Contact Name	Contact Date	Phone #	Report #
NLACRC			
Community Care Licensing (DSS)			
Licensing and Certification (DHS)			
Parent/Guardian/Conservator			
Physician/Hospital			
Child/Adult Protective Services			
Long-Term Care Ombudsman			
Police/Sheriff			
County Coroner			
Other			

Report Submitted by:

Report Approved by:

(Name/Title)

(Name/Title)

(Vendor / Provider)

(Vendor / Provider)

(Address)

(Address)

(Telephone Number)

(Date)

(Telephone Number)

(Date)