

Services for Individuals with an Intellectual Disability or Autism 55 Pa. Code Chapters 2380, 2390, 6100, 6400, and 6500

Enterprise Incident Management (EIM) users should use this form <u>only</u> if unable to report an incident through the EIM system. The Incident Report must be entered into EIM when access to EIM can be established.

DATE OF SUBMISSION (MM/DD/YYYY):	SECTION OF INCIDENT BEING REPORT	SECTION OF INCIDENT BEING REPORTED:	
	FIRST SECTION	FIRST AND FINAL SECTION	
NAME OF LEGAL ENTITY:	MPI # / EIN #:		
INITIAI	REPORT		
TO BE SUBMITTED WITHIN 24 HOURS OR 72 HOURS OF DISCOVERY OF THE INCIDENT			
-	INFORMATION		
INDIVIDUAL FIRST AND LAST NAME:	MCI#:	DATE OF BIRTH (MM/DD/YYYY):	
ADDRESS OF THE INDIVIDUAL:			
MENTAL HEALTH AND INTELLECTUAL DISABILITY COUNTY:	FUNDING AGENCY:		
REGION:	WAIVER / PROGRAM ENROLLMENT:		
STAFF PERSON WHO DISCOVERED THE INCIDENT			
ORGANIZATION NAME:	MPI # AND SERVICE LOCATION ID #:		
NAME OF STAFF PERSON WHO DISCOVERED THE INCIDENT:	PHONE NUMBER:		
	LASSIFICATION	2222	
DISCOVERY DATE AND TIME (MM/DD/YYYY):	OCCURRENCE DATE AND TIME (MM/DE	D/YYYY):	
TYPE OF INCIDENT (PRIMARY CATEGORY):	TYPE OF INCIDENT (SECONDARY CATE	EGORY, IF APPLICABLE):	
ASSIGNED DEPARTMENT - CERTIFIED INCIDENT INVESTIGATOR, IF APPLICABLE:			
INCIDENT REFERRED TO THE APPROPRIATE PROTECTIVE SERVICES AGENCY? YES NO	IF YES, AGENCY THE INCIDENT WAS R	EFERRED TO:	
IF NO, PLEASE EXPLAIN:			
II NO, FLEASE EAFLAIN.			

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INCIDENT DESCRIPTION		
DESCRIBE WHAT HAPPENED PRIOR TO, DURING, AND AFTER THE INCIDENT, INCLUDING DATES, TIMES, AND ALL PEOPLE INVOLVED INCLUDING STAFF. INDICATE		
THE CURRENT STATUS OF THE INDIVIDUAL:		
ACTIONS TAKEN TO PROTECT HEALTH, SAFETY, AND RIGHTS		
DESCRIBE THE ACTIONS TAKE TO PROTECT THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL (INCLUDE ADMINISTRATIVE, HEALTH/SAFETY, TREATMENT, AND TARGETED INDIVIDUAL ACTIONS TO ADDRESS THE INCIDENT TO DATE INCLUDING SUPPORTS OFFERED):		
AND TARGETED INDIVIDUAL ACTIONS TO ADDRESS THE INCIDENT TO DATE INCLUDING SUPPORTS OFFERED):		
WAS THE INDIVIDUAL SEPARATED FROM THE PERSON WHO CAUSED THE INCIDENT?		
□YES □NO		
IF NO, PLEASE EXPLAIN:		
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FINAL REPORT TO BE SUBMITTED WITHIN 30 DAYS OF DISCOVERY OF THE INCIDENT		
WITNESS INFORMATION		
WITNESS (FIRST NAME AND LAST NAME):	WITNESS RELATIONSHIP TO THE INDIVIDUAL:	
WITNESS (FIRST NAME AND LAST NAME):	WITNESS RELATIONSHIP TO THE INDIVIDUAL:	
WITNESS (FIRST NAME AND LAST NAME):	WITNESS RELATIONSHIP TO THE INDIVIDUAL:	
INFORMATION ABOUT THE PERSON WHO CAUSED THE INCIDENT (IF APPLICABLE)		
PERSON WHO CAUSED THE INCIDENT IDENTIFIER:	PERSON'S RELATIONSHIP TO THE INDIVIDUAL:	
NOTIFICATION	NINFORMATION	
PERSON NOTIFIED (FIRST NAME AND LAST NAME):	DATE NOTIFIED (MM/DD/YYYY):	
PERSON NOTIFIED (FIRST NAME AND LAST NAME):	DATE NOTIFIED (MM/DD/YYYY):	
PERSON MAKING CONTACT (FIRST NAME AND LAST NAME):		
ADDITIONAL DETAIL	ABOUT THE INCIDENT	



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