

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: Initial Final Initial/Final

Facility Information			
Regulatory Chapter	<input type="checkbox"/> 2600 <input type="checkbox"/> 2800		
Name of Legal Entity:			
Name of licensed setting as it appears on license:			
Facility Address:			
License Number:		Phone Number:	
Incident Information			
Date Of Incident:	Time of Incident: (AM/PM)	Regulation # and type of incident:	
Date Incident reported to Department:		Time Incident reported to Department: (AM/PM)	
Resident Information		Persons Involved	
Complete for any incident relating to a specific resident(s)		Example: Staff Person, Responding Officer, etc.	
Name (Last, First)	Date of Birth	Name (Last, First)	Job Title
Description of Incident			
(Attach Additional Pages as Necessary) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.			
Follow-Up Action Taken			
What action, if any, was initiated or is planned in response to the incident? Include any contacts made.			
Contact Information			
Name of person completing report:		Title:	
Contact Person Name:		Telephone Number:	