**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH INCIDENT REPORT**

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| **AGENCY INFORMATION** |
| Agency Name      | Unit Name     NAMEPLATEINFORMATION ONLY |
| **RECIPIENT INFORMATION** |
| Recipient Name        | [ ]  Male[ ]  Female | Case Number      |
| Age       | DOB       |
| **INCIDENT INFORMATION** |
| When did you discover incident? (date and time)  | When did incident happen? (date and time)  | Where did incident happen?      |
|        | [ ] AM [ ]  PM |       |  [ ] AM [ ] PM |
| Other Employees Involved and/or Present:      |
| Recipient(s) involved:        | Other recipient(s) present:      |
| Explain what happened:      |
| Action taken by staff:      |
| Reporting Person’s Signature  | Date and Time of Report:        | [ ]  AM [ ]  PM |
| **THIS SECTION MUST BE COMPLETED BY PHYSICIAN OR R.N. WHEN PHYSICAL INJURY TO THE RECIPIENT IS APPARENT** |
| Description of injury:       |
| Description of treatment or care given:      |
| Date and time care given:      |  [ ] AM [ ] PM | Extent of injury at time care given:**[ ] SERIOUS\*** **[ ]  NON-SERIOUS** | Physician/R.N Signature Date |
| **\*Serious physical harm means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.** |
| **REPORTING INFORMATION** |
| If serious injury Director/Designee Notified: (date/time) | If serious injury Rights Advisor Notified: (date/time)   | Notification made by (print name):        |
|        | [ ] AM [ ] PM |       | [ ] AM [ ] PM |
| **TO BE COMPLETED BY DESIGNATED SUPERVISOR** |
| *1. Name of employee assigned to recipient at time of incident :­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *2. Indicate program or administrative action taken, including disciplinary action, to remedy and/or prevent recurrence of incident:*  |
| Designated Supervisor Signature  | Date |
| DCH-0044 (W) 05/08 |  DISTRIBUTION: WITHIN 24 HOURS 1.SEND ORIGINAL TO DIRECTOR 2. MAKE COPIES AND SEND TO: ORR & AGENCY  |