

CDDO OF BUTLER COUNTY

Critical Incident Report

*****All reports must be turned in within 24 hours after incident*****

Report Date:

Date of Incident:

Name of Person Served:

TCM:

Residential/PCS Provider:

Day Service Provider:

Person completing this form/Service Provider:

Type of Critical Incident:

Adverse Incident Report submitted Date

Subject to incident of ANE (potential physical harm, neglect, mental/emotional harm, sexual abuse, exploitation, or theft/exploitation of money or possessions)

Contact with Emergency Medical Services including hospitalization and scheduled surgery

Contact with Police or Security (as victim or perpetrator)

Incident resulting in death

Informational purposes only

Summary of the Incident:

Immediate action taken to ensure protection from harm:

Follow Up: (including dates and narrative)

*This form should be sent to Nicole Hall nicole@cddobutlercounty.org
and Marlo Mason Marlo.Mason2@ks.gov*