

Intensive Residential Treatment Programs DHS Critical Incident Reporting Form

Non Public File

**Within 10 days of the incident, submit one copy of this form with any attachments to your licensor.
Division of Licensing Fax Number: 651-431-7673 (please include licensor's name on cover page)**

Facility License Number	Facility Name					
Person Reporting		Date of Report				
Telephone Number	Date of Incident	Time	AM PM			
Treatment Director	All Recipient(s) Involved - Full Name(s)					
Staff Involved						
Incident Type – check as applicable (including but not limited to):						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> a. Suicide b. Attempted suicide c. Homicide d. Death of a recipient e. Recipient injury – life threatening or requires medical attention </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> f. Fire requiring fire department g. Alleged maltreatment of recipient h. Assault of a recipient i. Assault by a recipient </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> j. Other act or situation (describe below) that requires response by: <ul style="list-style-type: none"> 1. law enforcement 2. fire department 3. an ambulance, or 4. other emergency responder </td> </tr> </table>				<ul style="list-style-type: none"> a. Suicide b. Attempted suicide c. Homicide d. Death of a recipient e. Recipient injury – life threatening or requires medical attention 	<ul style="list-style-type: none"> f. Fire requiring fire department g. Alleged maltreatment of recipient h. Assault of a recipient i. Assault by a recipient 	<ul style="list-style-type: none"> j. Other act or situation (describe below) that requires response by: <ul style="list-style-type: none"> 1. law enforcement 2. fire department 3. an ambulance, or 4. other emergency responder
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Other act or situation:		Attachments	Yes No # of pages:			
Summary of incident (or attach related reports)						

PLEASE NOTE:

Notifying your licensing agency on this critical incident report does not take the place of your mandatory reporting responsibility.

R36V.03, subdivision 10. Critical incident. "Critical incident" means an occurrence that involves a recipient and requires the program to respond in a manner that is not a part of the program's ordinary daily routine, including but not limited to: suicide, attempted suicide, homicide, death of a resident, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a resident, assault of a resident, assault by a resident, or other act or situation that requires a response by law enforcement, the fire department, an ambulance, or another emergency response provider.

FOR OFFICE USE ONLY	
Date Reviewed:	Reviewed By:
Contacted Program:	Contacted Other: