Consumer Incident

CDDO of Southeast Kansas
CRITICAL INCIDENT REPORT

1. INFORMATION

Person Served:	ID#	Date of Report
Address		Date of Birth
Case Manager		
Person Reporting	Provider Responsible	
Phone Number		
Did this incident require CPS/APS report?	☐ Yes ☐ No	
☐ Physical harm ☐ mental/emotional harm ☐ sexual abuse/exploitation ☐ Exploitation of money or possessions ☐ Neglect by caregiver ☐ self-neglect ☐ Elopement ☐ Attempted suicide		
Health Experienced	☐ ER: Unexpected medical emergency ☐ Screened by mental health, not hospitalized ☐ Unexpected mental health hospitalization	
Safety Contact with criminal Justice agency	☐ As a potential victim or ☐ as a potential suspect ☐ Police called to assist with behavior	
II. SUMMARY OF INCIDENT		
Date & Time of Incident		
Plan of Action		
III. RESOLUTION		
Issue Resolved		Date
Follow up needed		Date