

**Identifying data**

Program or person served:

Phone:

Address:

**Type of incident or emergency (check all that apply)**

<input type="checkbox"/> Serious injury*	<input type="checkbox"/> Any mental health crisis that requires the program to call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate	<input type="checkbox"/> Conduct by a person served against another person served (see 245D.02, subd. 11 for severity)
<input type="checkbox"/> Medical emergency	<input type="checkbox"/> Maltreatment of a minor	<input type="checkbox"/> Sexual activity between persons served involving force or coercion
<input type="checkbox"/> Unexpected serious illness	<input type="checkbox"/> Maltreatment of a vulnerable adult	<input type="checkbox"/> Death of a person served*
<input type="checkbox"/> Significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization	<input type="checkbox"/> An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department	<input type="checkbox"/> Emergency use of manual restraint (complete the <i>EUMR Incident Report</i> form)
	<input type="checkbox"/> A person's unauthorized or unexplained absence from a program	<input type="checkbox"/> Emergency (state specific type):

\*Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman.

Date of incident:                      Time of incident:                      (indicate am or pm)

Location of incident:

**Describe the incident and emergency including the effect on the person (delete unused rows)**


**Describe the response to the incident or emergency (delete unused rows)**


\_\_\_\_\_  
Name and title of staff who responded

\_\_\_\_\_  
Date