

**YOUTH FOCUS**  
**INCIDENT REPORT FORM**

**THIS FORM SHOULD BE USED TO INTERNALLY REPORT ANY LEVEL I INCIDENTS. STATE FORMS SHOULD BE USED TO REPORT LEVEL II AND LEVEL III INCIDENTS. AN INCIDENT REPORT FORM SHOULD BE COMPLETED WITHIN 24 HOURS OF THE INCIDENT BY:**

- a staff member witnessing an incident, or
- a staff member who first becomes aware of an incident.

**THE COMPLETED FORM SHOULD BE SENT TO YOUR SUPERVISOR WHO WILL SEND A COPY TO THE PROGRAM DIRECTOR and the EXECUTIVE DIRECTOR.**

**REPORTABLE INCIDENTS INCLUDE ONLY THOSE DESCRIBED BELOW. CHECK THE DEFINITION THAT APPLIES TO EACH INCIDENT TO DETERMINE IF IT IS LEVEL I, LEVEL II OR LEVEL III (SEE STATE FORMS). CHECK THE TYPE OF INCIDENT THAT OCCURRED:**

- A client accident or injury;
- Violation of the law and/or the arrest of a client;
- A runaway;
- Abuse, neglect or exploitation of a client;
- Suspension or expulsion of a client;
- Medication error (USE SEPARATE FORM);
- Fire in the facility;
- Client is suicidal;
- Restraint of a client (USE SEPARATE FORM);
- Inappropriate sexual behavior;
- Aggressive or destructive act;
- Suspension or expulsion from services;
- Search and seizure of a client;
- Confidentiality breach;
- Death of a client.

**Please complete below:**

**NAME OF PERSON COMPLETING REPORT:**

**NAME OF CLIENT:**

**CLIENT'S HOME COUNTY:**

**PROGRAM NAME AND ADDRESS:**

**DATE AND TIME OF INCIDENT/INJURY:**

**DATE OF REPORT:**

**FULLY DESCRIBE THE INCIDENT. USE ADDITIONAL SHEETS IF NECESSARY.**

**TREATMENT/INTERVENTION(Check all that apply):**

- First Aid
- Emergency Room – Hospital
- Doctor Visit
- Law Enforcement called
- Fire Department called
- DSS notification
- Legal Guardian Notified
- Mental Health Emergency Services

**Describe action taken by staff:**

**WAS THERE A WITNESS TO THIS INCIDENT? Yes No (Circle one) If “yes” please list name, address, phone number:**

**ACTION YOU RECOMMEND (if any) TO AVOID SIMILAR INCIDENTS/INJURIES IN THE FUTURE:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date