**INCIDENT REPORTING FORM**

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| **Directions:** Please complete the incident reporting form below by selecting an option from the drop-down menu under each section of this form and by inserting text where appropriate. Please note participant unique identifiers must be used when completing this form as the use of participant names are prohibited. For additional questions or assistance, please contact your assigned Contract Manager. |
| **SECTION ONE: GENERAL INFORMATION** |
| **Center Name:**  Choose an item.  **Report Type: Choose an item**  **Person submitting incident report: Enter text.**  **Names of individuals involved or witness to the reported incident:**  Enter Name(s)  **Contact Phone Number:** Enter Number  *Your Contract Manager will confirm receipt of the report and may follow-up within 12 hours of submission.* |

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| **SECTION TWO: INFORMATION ABOUT THE INCIDENT** |
| **What type of incident is being reported: Choose an item.**  **Incident Location: Choose an item.**  **Entities Responding to Incident: Choose an item.**  **Individual(s) involved in incident: Choose an item.**  **Reporting Date:** E**nter a date.** **Reporting Time:** Enter a time.  **Date of Incident:**  E**nter a date.**  **Time of Incident:**  Enter a time.  **Telephone Notification: If telephone communication is required who is the person of contact:** **Choose which ODV staff person you spoke with**  **Enter the name of the person who called to report the incident, if required:** Enter Name  **Date & Time of Call, if required:** Enter Date and Time  **Was the Florida Abuse Hotline Notified? Choose an item.** **Operator Number:** E**nter text.** |

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| **SECTION THREE: SUMMARY OF REPORTABLE INCIDENT** |
| **Summary of Events (information only):**  **If including participant information, please remember to use a unique identifier.**  **Corrective Actions taken by Center:**  **What corrective actions, if any, have been taken by the Center?**  **Outcome of Incident: Centers that have an incident that does not have an outcome by the time the incident report is submitted, are required to provide ODV a status update within 48 hours of receiving the outcome.** |