

For Use in Reporting Circumstances in 460 IAC 6-9-5, 431 IAC 1.1-3-1 (b)  
and/or DDRS Policy and Procedures

SSN: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DOB: \_\_\_\_\_ COUNTY: \_\_\_\_\_ GENDER: \_\_\_\_\_

PRIMARY FUNDING SOURCE:

**INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:**

	LEGAL GUARDIAN?	YES	N/A	NAME	DATE
RES. PROVIDER?	YES	N/A			
HAB/VOC PROVIDER?	YES	N/A	BDDS SC?	NAME	DATE
OTHER PROVIDER?	YES	N/A	CASE MANAGER?	NAME	DATE
			QMRP?	NAME	DATE
			APS?	NAME	DATE
			COUNTY	PHONE	METHOD
			CPS?	NAME	DATE
			COUNTY	PHONE	METHOD
			CORONER?	NAME	DATE
			POLICE?	NAME	DATE

**SUPERVISORY PROVIDER INFORMATION**

RESPONSIBLE SUPERVISORY PROVIDER: \_\_\_\_\_ INDIVIDUAL SUPERVISING AT TIME OF INCIDENT: \_\_\_\_\_

**SECTION II - REPORTING PERSON and REPORTING AGENCY**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

Submitted Date: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REPORTING Agency: \_\_\_\_\_

**SECTION III - INCIDENT INFORMATION**

**INCIDENT**                      **DATE**                      **TIME**

**Date of knowledge**

WHERE OCCURRED:

OTHER (Explain)

Were Police involved?

Was the consumer handcuffed?

Was the consumer tasered?

## NARRATIVE: DETAILS - STANDARD

Describe the injury, condition or circumstance of the incident and the activities taking place immediately prior to the incident. Identify all participants and their involvement in the incident. Please be comprehensive but concise in explaining who, when, where, why, how and what was heard and/or observed.

DESCRIBE THE INCIDENT, CONDITION OR INJURY (WHO, WHAT, WHERE, HOW AND WHEN AND WHAT WAS OBSERVED OR HEARD).

PLAN TO RESOLVE

Plan to Resolve (Immediate and Long Term).