

**Incident Report Form**

**Person(s)** \_\_\_\_\_ **Referring Staff** \_\_\_\_\_ **Gender** \_\_\_ **Age** \_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_

**Ethnicity** \_\_\_\_\_

**Location**

- |                                       |                                      |                                      |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Community    | <input type="checkbox"/> Bedroom     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Bathroom    |                                      |
| <input type="checkbox"/> Living Room  | <input type="checkbox"/> Van         |                                      |
| <input type="checkbox"/> Kitchen      | <input type="checkbox"/> Dining Room |                                      |

**Problem Behaviors (check the most intensive behavior that occurred)**

**MAJOR**

- |  |  |
|--|--|
| <input type="checkbox"/> Abusive lang./ inapprop. lang | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Physical Altercation          | <input type="checkbox"/> Self-Injury     |
| <input type="checkbox"/> Medication Refusal            | <input type="checkbox"/> Pica            |
| <input type="checkbox"/> Verbal Threat                 | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Eloping                       |  |
| <input type="checkbox"/> Inappropriate Sexual Behavior |  |
| <input type="checkbox"/> Noncompliance                 |  |

**Possible Motivation**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Obtain attention from others | <input type="checkbox"/> Avoid tasks/activities | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Obtain items/ activities     | <input type="checkbox"/> Avoid peer(s)          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Avoid adult(s)               |   |                                      |

**Others Involved**

- None     Roommate     Staff     Member of Community     Family Member     Unknown     Other

**Action Taken**

- |   |  |
|---|--|
| <input type="checkbox"/> Contact Guardian | <input type="checkbox"/> Contact Manager |
| <input type="checkbox"/> Contact Nurse    | <input type="checkbox"/> 911 Call        |
| <input type="checkbox"/> Police           | <input type="checkbox"/> Other _____     |

**Comments:**

