



**UI/MUI INCIDENT REPORT FORM**

Individual:		DOB:	Hocking County	
Address:		Phone Number:		
Date/Time of Incident: _____, time: _____		MUI Discovery Date: <b>(To be completed by the MUI contact ONLY)</b> Date/Time : _____ AM/PM		
Location of Incident (home in bathroom, at the mall, lunchroom at work, etc):				
Description of Incident (Who, What, Where, When): (if more space is needed use additional sheet of paper)				
Immediate Action to Ensure Health & Safety of Individuals:				
Name of PPI(s):		Relationship to Individual:		
Witnesses to Incident:		Others Involved:		
(When incident was reported to HCB of DD) Date/Time : _____		Who reported incident to HCB of DD:		
Type of Notification <b>* (Must be notified unless they are the PPI)</b>	Name/Title	Date/Time	Note how made: (i.e. telephone, Voice message, Copy, in person)	Notification Made by: (Initials)
*Guardian / Individual				
*SSA or ICF/MR Liaison				
*Licensed or Certified Provider				
*Staff / Family / Advocate/ Support Broker				
LE / CSB / APS				
Adult Services Staff Assigned				
MUI Contact: (for potential MUI's only)				
Director of Adult Services				

Recorder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Administrative Staff / Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information and/or Administrative Follow-Up:

A. Further Medical Follow-up:

B. Administrative Action:

Injury – Describe Type & Location:

Tracking Category:

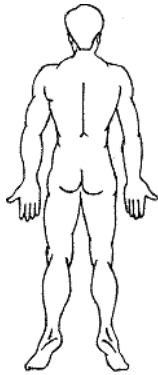
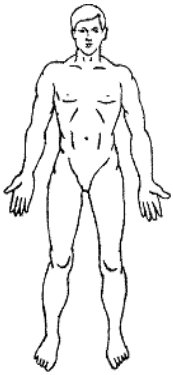
Potential MUI:  Yes  No MUI #: \_\_\_\_\_

SSA / PC Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Distribution Instruction by SSA / PC:**

- Individual  Parent  Guardian  
 Safety Committee  Behavior Spec  Nursing  
 Provider \_\_\_\_\_  Other \_\_\_\_\_



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**Body Part Injured:**

- Head or Face  Neck or Chest  
 Mouth / Teeth  Abdomen  
 Hands / Arms  Back / Buttocks  
 Feet / Legs  Genitals  
 Other \_\_\_\_\_

Cause and contributing factors:

Preventive measures:

**LOG TRACKING CATEGORY: To be completed by PC or SSADA only**

- HVI  Cleaning Services  Transportation  HCB Sponsored Events / Services  Community