Internal Unusual Incident Report

REPORTER:		DATE REPORTED:	
DATE & TIME OF INCIDENT		**INCIDENT LOCATION** (Check **all** that apply) ☐ Monitor ☐ Weston ☐ HH ☐ FSB ☐ BRF ☐ Sparta ☐ Viroqua ☐ Other_____	
Date	____/____/_____		
Time	___:___ ☐ a.m. ☐ p.m.		

INDIVIDUALS INVOLVED

Name	Title	Contact Information	Role
			☐ Client ☐ Employee ☐ Guest/Other
			☐ Client ☐ Employee ☐ Guest/Other
			☐ Client ☐ Employee ☐ Guest/Other

INCIDENT SUMMARY

Please provide a concise summary of the incident. Be sure to clearly identify the names of all individuals referenced in the Incident Summary, and the role he/she played in the development/resolution of the incident. For more space, attach additional pages.

ADDITIONAL ACTIONS TAKEN (Check **all** that apply; * indicates additional description should be shared in summary)

☐ Medical exam/treatment	☐ Facility Staff Contacted	☐ Treatment plan reviewed*	☐ Law enforcement engaged
☐ Workers Comp Incident*	☐ Special 1:1 staffing	☐ Family/guardian(s) notified	☐ Supervisor notified
☐ Mental health evaluation		☐ Staffing levels adjusted*	☐ Other*
☐ Program safety interventions*			

I would like someone to contact me regarding this incident: ☐ Yes ☐ No

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TYPE OF INCIDENT (Check **all** that apply)

A. Client-Specific Incidents

Death
☐ Death, client
☐ Death, former client
☐ Death, non-client

Abuse & Neglect of a Client by Staff as an alleged perpetrator
☐ Allegations of abuse or neglect by client
☐ Sexual abuse of client
☐ Physical abuse of client
☐ Sexual assault of client
☐ Neglect of client
☐ Emotional/verbal abuse of client
☐ Staff makes CPS call against/for client

Criminal Act
☐ Client arrested, charged with, or convicted of a crime
☐ Employee or contractor arrested, charged with, or convicted of a crime

Behavioral Issues
☐ Client in possession of a weapon
☐ Property damage by client of $50+
☐ Client threatens to harm themselves
☐ Suicide attempt by client on property
☐ Inappropriate behavioral issues of employee or contractor (i.e. firearm)

Facility/Caregiver
☐ Robbery/burglary occurred on premises
☐ Fire/natural disaster damaged/affected facility/home
☐ Hazardous/physical condition discovered at facility
☐ Serious incident resulting in legal action

Other
☐ Bribery/attempted bribery of an FCC employee
☐ Client involved in an accident
☐ Client victim of assault
☐ Client abuse of a child
☐ Client abuse of a vulnerable adult
☐ Employee has firearm on premises
☐ Falsification of credentials or records
☐ Human Trafficking of a client
☐ Kidnapping/abduction of a client
☐ Mandated Reporting Incident
☐ Media involvement/media inquiry
☐ Medication error
☐ Misrepresentation of services or cost of services provided
☐ Report against FCC or contract worker involving a client
☐ Threats made against FCC staff facility, or community
☐ Terrorist threat to facility or community requiring an action by FCC
☐ Violation of a court order

B. Individual-Specific Incidents

☐ Accident in FCC vehicle or personal vehicle while working
☐ COVID-19 Positive
☐ Individual found with substance while working and/or on FCC property
☐ Individual involved in accident or fall while working and/or on FCC property
☐ Individual seriously injured while working and/or on FCC property
☐ Individual becomes seriously ill while working and/or on FCC property
☐ Possessions lost/stolen/damaged while working and/or on FCC property
☐ Potential risk of COVID-19 exposure
☐ Traffic citation in FCC vehicle

INDIVIDUAL INVOLVED IS A(N):
☐ Employee ☐ Visitor/Other ☐ Client

C. Procedural Issues

D. Facility & System Incidents

☐ Damage/vandalism to FCC facility
☐ Damage/vandalism to FCC vehicle
☐ Extreme weather damage to property
☐ Fire in/on FCC property
☐ Flood in FCC property
☐ Heating/cooling system failure 24+ hrs
☐ Unauthorized person on FCC property in FCC home/office/facility
☐ IT/phone system failure 2+ hours
☐ Unanticipated Office Closure
☐ Power outage in FCC facility 24+ hours

E. Major Agency Incidents

☐ Loss of authorization/ revocation of license to operate facility, program, or service
☐ Licensing/regulatory, other governmental authority, non-governmental investigative entity, or contractor action(s)
☐ Change in exempt status
☐ Organization closure
☐ Discontinuation of any COA-accredited service
☐ Opening a new program under an existing COA-accredited service
☐ Merger/acquisition
☐ Change in CEO/Agency Head
☐ Bankruptcy or other forms of insolvency proceedings
☐ Judgments

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☐ Breach of Confidentiality Policy ☐ Breach of Client Rights Policy ☐ Breach of Conflict of Interest Policy ☐ Breach of Ethics Policy ☐ Harassment/discrimination in workplace		