**MACOMB COUNTY COMMUNITY MENTAL HEALTH- SUD**

**CLIENT INCIDENT REPORT FORM**

**I. TO BE COMPLETED BY MCCMH-SUD CONTRACTED AGENCY**

**AGENCY TYPE: □ Outpatient/IOP □ MAT/OHH □ Recovery Home □ Residential/Withdrawal Mgt**

Explanation of What Happened (if agency is to include their own incident report, indicate here and attach completed report to this form):

CHECK TYPE OF INCIDENT-

A. □ Death of Client

B. □ Serious illness requiring admission to hospital

C. □ Alleged cause of abuse or neglect

D. □ Accident resulting in injury to client requiring emergency room visit or hospital admission

E. □ Behavioral episode (with or without police contact)

F. □ Arrest and/or conviction

G. □ Vehicle or building issue

G. □ Medication error

Witnesses\* Staff: Y ( ) N ( )

Name or Focus # \*:

Contact Phone Number:

Witnesses\* Staff: Y ( ) N ( )

Name or Focus # \*:

Contact Phone Number:

\*Witnesses who are clients in treatment should be asked to sign release of information to MCCMHA for possible follow up contact, but are not required to do so.

Location of Incident:

Time:

Date of Incident:

Focus:#: Name:

Age: Sex: M ( ) F ( )

Program: License Number:

Address:

City: State: Zip:

:

Immediate Actions Taken (actions taken to protect, comfort and/or assure proper treatment of the client):

Actions Taken to Remedy and/or Prevent Reoccurrence of Incident:

Signature of Person Completing Form: Date:

Send to:

MCCMH-SUD, 19800 Hall Road, Clinton Township, MI 48038

Secure email to [mcosa@mccmh.net](mailto:mcosa@mccmh.net), or Fax to 586-469-5568

II. TO BE COMPLETED BY MCCMH-SUD

Check one:

( ) MCCMH-SUD Plan of Action/Intervention ( ) Rationale For No Further Investigation

Provide a brief description:

MCCMH-SUD Signature: Date:

Determination:

Check one: Sentinel Event ( ) Non Sentinel Event ( )

( ) Accident requiring ER visits and/or admission to hospital

( ) Arrest/Conviction of Client

( ) Medication Error

MCCMH-SUD Investigation Findings

Check all that apply:

( ) Death of Client

( ) Physical Illness Requiring Admission to Hospital

( ) Serious Challenging Behaviors