

# INCIDENT REPORT FORM

**INSTRUCTIONS:**

1. Complete ALL sections of this form. Information provided must be either typed or printed and submitted via secure email.
  - For DHS PSH clients, submit to the DHS Program Manager within one business day of the incident
  - For DHS ERC clients, submit to [ERCQA@dhs.lacounty.gov](mailto:ERCQA@dhs.lacounty.gov) within one business day of the incident
  - For Housing for Mental Health DMH clients, submit to [HousingforMH@dmh.lacounty.gov](mailto:HousingforMH@dmh.lacounty.gov) within one business day of the incident
  - For DMH ERC clients, submit to [DMH\\_ERC@dmh.lacounty.gov](mailto:DMH_ERC@dmh.lacounty.gov) within one business day of the incident
  - For all other DMH clients (non DMH ERC, non HFMH DMH) submit to mental health provider within one business day of the incident.
2. All incident reports must be in client file and a service must be recorded in CHAMP with a casenote.
3. Place a copy in the file.

INCIDENT REPORT CATEGORY: <input type="checkbox"/> Medical <input type="checkbox"/> Psychiatric <input type="checkbox"/> Criminal <input type="checkbox"/> Other		
IF TENANT BASED: CLIENT ADDRESS		
IF PROJECT BASED: PROJECT NAME, ADDRESS (Exactly as it appears in CHAMP)		
IF ERC: LICENSED FACILITY NAME, ADDRESS, AND PHONE NUMBER		
STAFF REPORTING INCIDENT:	POSITION:	AGENCY NAME:
DATE OF INCIDENT:		TIME OF INCIDENT:
FIRST, LAST NAME OF CLIENT(S) INVOLVED IN INCIDENT:	CHAMP ID #	FOR DMH ERC: IBHIS #
<b>Mental Health Provider (Required for DMH Clients that are connected to a provider.)</b> Agency/Clinic Name:		
Name of Person Notified:		Date:
Notification Method:		Time:
DESCRIBE THE INCIDENT, INCLUDING PROPERTY DAMAGE AND/OR PERSONAL INJURY THAT RESULTED. SPECIFY WHETHER YOU DIRECTLY OBSERVED INCIDENT.		

**LIST INDIVIDUALS WHO OBSERVED THE INCIDENT, INCLUDING STAFF, CLIENTS, OR ANY OTHER WITNESSES:**

**DOCUMENT ANY ACTIONS TAKEN AND/OR FIRST RESPONDERS CONTACTED IN RESPONSE TO THE INCIDENT (E.G., POLICE, AMBULANCE). IF REPORTED TO POLICE, PROVIDE THE FOLLOWING INFORMATION, IF POSSIBLE: CITATION/REPORT #, POLICE AGENCY THAT RESPONDED, AND INCLUDE ACTUAL POLICE REPORT IN CLIENT FILE. IF THE CLIENT WAS ADMITTED TO A HOSPITAL, PLEASE PROVIDE DETAILS ABOUT THE HOSPITAL ADMISSION:**

**OTHER COMMENTS:**

\_\_\_\_\_  
**PREPARER'S SIGNATURE**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**DATE**

*Types of significant incidents that require a Significant Incident Report (SIR) include but are not limited to the following:*

- Criminal behavior that results in law enforcement involvement. This could include incidents that do not result in an arrest or prosecution.
- Domestic violence/intimate partner violence. This could include incidents that are not reported to law enforcement.
- Assaultive behavior towards staff, fellow clients, client guests, landlords, facility vendors, or neighbors that occurs in the client's unit or building, as well as any property damage that occurs on the contractor's facility. This could include incidents that do not result in arrest or prosecution.
- Any cases where incidents are reported as the result of mandatory reporter responsibility of staff. This includes reports to DCFS or APS.
- Fire, major unit damage, water damage, or other environmental concerns that could affect the health or tenancy of the participant.
- Medical (episode that is of major concern i.e., seizure, adverse drug reaction requiring, etc. EMT).
- Psychiatric (Mental Health episode that is of major concern (i.e., psych hold), requiring EMT, law enforcement, PMRT
- Suicidal ideation requiring PET, Law enforcement, EMT
- Property Damage (that is of major concern to the ICMS provider, client, and others on the property i.e., fire, major unit damage, water damage, or other environmental concerns that could affect the health or tenancy of the client)
- Death
- Recognition and/or confiscation of dangerous or unauthorized items (i.e., weapons, paraphilia)
- Verbal or Physical Threats or Altercation (i.e., Assaultive behavior towards staff, roommates, landlords, neighbors, or fellow clients)
- Homicide (Suspected or Alleged Homicide by Client)
- A critical event that has or may generate governmental and/or immediate community-wide attention and may require a notification by contractor (DHS, DMH, ODR etc.) to the Board of Supervisors
- \*Suspected or Alleged Interpersonal Relationship with Client by Staff please report to your supervisor or HR team, no incident report required.