

THE FRANCIS FOUNDATION, INC.

Services in Mental Health and Developmental Disabilities

Business Office 382 Hercules Drive, Colchester, VT 05446
(802)655-5718, (802)655-9758 (fax)

Program Office, 16 Church Street, Middlesex, VT 05602
(802)229-6369, (802)229-9467 (fax)

CRITICAL INCIDENT (No Restraint)/EVENT REPORT

Individual's Name: _____

Report Date: ___/___/___

Guardian's Name: _____

Reporter's Name: _____ and Signature: _____

Type of Event (check appropriate type or types - *restraint not used*): Check if self-managing.

Medical

- Injury requiring medical attention.
 ER Admission.
 Hospital Admission.
 Medication exception.
 Death.

Social/Legal

- Criminal Act.
 Police involvement.
 Missing Person.
 Severe behavior.
 Property damage.

- Property Theft.
 Property damage by fire.
 Suspected abuse/neglect/exploitation.
 Public place or public interaction.
 Other unusual or significant event.

Event Date: ___/___/___, Time: ___:___ a.m./p.m. (circle one), and Duration: _____

Location of Event: _____

1. Describe the Event: _____
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2. Precipitating Factors (changes and/or environmental factors): _____

3. Action Taken: _____

4. Who was notified about this event? Supervisor/Case Manager. Guardian. Agency Director.
 Div. of Developmental Services. APS DCF Other _____

5. Has this particular event previously occurred with individual? _____

6. Post Ictal State (recovery period; i.e., affect, contact): _____

7. What are your follow-up plans/suggestions? _____

8. Supervisor's Comments: _____

Supervisor's Signature _____ Date: ___/___/___

Copies to:

- Executive Director Elia Vecchione, Ph.D.
 Operations Director David Cannamela
 Therapist Liz Guilfoyle
 UVS Stacie Gordon
 Developmental Services Ellen Malone
 C. I. Specialist
 Reporting Person
 Home Care Provider
 Guardian

ATTENTION: Prepare and submit Event Reports within 24 hours of event. Please, see reverse side.

