

CRITICAL INCIDENT REPORT *For*
 UNLICENSED HOMES AND COMMUNITY INCLUSION ACTIVITIES *and* LICENSED
 HOMES FOR INCIDENTS NOT REPORTABLE TO LICENSING

GENERAL INFORMATION

Name of Residence / Service / Activity Phone Number
 Address City/Town Postal Code
 Name of Service Provider (Agency)

PERSON(S) INVOLVED

Supported Individual Visitor Other (please specify)
 Full Name of Person Birth date F M Gender List All Person(s) Adversely Affected
 (YYYY/MM/DD)

TYPE OF INCIDENT – REPORTABLE TO CLBC

Physical Abuse	Suicide	Medication Error	Use of Seclusion
Sexual Abuse	Sentinel Event	Motor Vehicle Accident	Exclusionary Time Out
Emotional Abuse	Use/Poss. of Weapon	Aggressive/Unusual Behaviour	Communicable Disease
Financial Abuse	Use/Poss. of Illicit Drug	Missing/Wandering Person	Infection Control
Neglect	Fall	Use of Restraint	Bio-Hazard Accident
Poisoning	Disease/Parasites	Other Injury	Restriction of Rights
Death	Unexpected Illness	Service Delivery Problem	Other

Details of Incident

Date of Incident Time of Incident Location of Incident
 (YYYY/MM/DD)

What Occurred (space will expand to fit explanation):

CRITICAL INCIDENT REPORT *For*
UNLICENSED HOMES AND COMMUNITY INCLUSION ACTIVITIES and LICENSED HOMES FOR INCIDENTS NOT REPORTABLE TO LICENSING

Action Taken (space will expand to fit explanation):

Notification

Individual aware	Y N	Date	Time	Licensing	Y N	Date Time (YYYY/MM/DD)
Family aware	Y N	Date	Time			
Name	Relationship	Contact Number				
Notified:						
Person in Charge	Y N	n/a				
Health Care Provider	Y N	n/a				
				Fire Dept.		
				Police		
				Coroner		
				Other (specify)		
Name of Person Reporting Incident _____ Position Signature Date Time (YYYY/MM/DD)						
Name of Witness/Attending Staff _____ Position Signature Date Time (YYYY/MM/DD)						
Name of Supervisor _____ Title Signature Date Time (YYYY/MM/DD)						

CRITICAL INCIDENT REPORT *For*
UNLICENSED HOMES AND COMMUNITY INCLUSION ACTIVITIES *and* LICENSED
HOMES FOR INCIDENTS NOT REPORTABLE TO LICENSING