

# CHOICES

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## SPECIAL INCIDENT REPORT

NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT: (check applicable box(es))

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Unauthorized Absence/Missing Person<br><input type="checkbox"/> Aggressive act to self<br><input type="checkbox"/> Aggressive act to other<br><input type="checkbox"/> Assault against consumer<br><input type="checkbox"/> Alleged violation of rights<br><input type="checkbox"/> Alleged consumer abuse<br><input type="checkbox"/> Sexual <input type="checkbox"/> Financial<br><input type="checkbox"/> Physical <input type="checkbox"/> Neglect<br><input type="checkbox"/> Psychological | <input type="checkbox"/> Rape<br><input type="checkbox"/> Pregnancy<br><input type="checkbox"/> Other sexual incident/assault<br><input type="checkbox"/> Death<br><input type="checkbox"/> Suicide attempt<br><input type="checkbox"/> Injury - accident<br><input type="checkbox"/> Injury - unknown origin<br><input type="checkbox"/> Injury from seizure<br><input type="checkbox"/> Injury from another | <input type="checkbox"/> Injury from behavior episode<br><input type="checkbox"/> Medical emergency/hospitalization<br><input type="checkbox"/> Theft<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Property Damage<br><input type="checkbox"/> Other (explain)<br>_____<br>_____ |
|---|---|--|

WRITTEN DESCRIPTION OF INCIDENT:

ACTION TAKEN: (IMMEDIATE ACTION, FOLLOW-UP, LONG TERM PREVENTION)

| Contact Made With | Name | Telephone # | Fax # | Date | Time |
|-------------------|------|-------------|-------|------|------|
| Regional Center   |      |             |       |      |      |
| Other             |      |             |       |      |      |
| Other             |      |             |       |      |      |
| CHOICES           |      |             |       |      |      |

\_\_\_\_\_  
 Name and Signature of Person Preparing Report

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name and Signature of Director

\_\_\_\_\_  
 Date