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| **MUI Category:** **[ ]  Abuse (Physical) [ ]  Abuse (Sexual) [ ]  Abuse (Verbal) [ ]  Neglect [ ]  Peer to Peer Acts** **[ ]  Misappropriation [ ]  Exploitation [ ]  Failure to Report [ ]  Rights Violation [ ]  Prohibited Sexual Relations** **[ ]  Known Injury [ ]  Unknown Injury [ ]  Hospitalization [ ]  Attempted Suicide [ ]  Medical Emergency** **[ ]  Law Enforcement [ ]  Missing Person [ ]  Death [ ]  Unapproved Behavior Support** |
| **Individual’s Full Name:**      | **DOB:**      | **Residential Provider:**      | **Day Program:**      | **Funding Source:**      |
| **Street:**       | **City:**       | **Zip:**       | **Telephone number:**       |
| **Date of Incident:**       | **Time:**      **[ ]  AM** **[ ]  PM** | **Provider and Location of incident:**      |
| **Date you became aware of the Incident: Date:**       **Time:**       **[ ]  AM [ ]  PM** | **Supervision Level:**      | **Behavior plan:** **[ ]  Yes** **[ ]  No** |
| **Date/Time MUI report emailed:** **Date:**       **Time:**       **[ ]  AM [ ]  PM** | **Supervision level met:****[ ]  Yes [ ]  No [ ]  N/A** | **Guardian: [ ]  Yes [ ]  No** |
| **Restraint used?** **[ ]  Yes** **[ ]  No** **[ ]  N/A Type:**       **How long?**       **Number of Staff Involved**       **Body Part(s) Held**       **Individual assessed for Injury? [ ]  Yes [ ]  No** |
| **Is there an injury?** [ ]  Yes [ ]  No **Photos:** [ ]  Yes [ ]  No **Hospital:** [ ]  ER [ ]  Admit **Describe the injury**: (Color, size, shape etc.)      **Location on the body where the injury occurred**:       |
| **Describe *immediate action* taken to ensure the health and safety of the individual:**       |
| **Primary Person Involved (PPI-Person accused)****Full Name:**      **Address:**      **City:**       **State:**       **Zip:**      **Telephone #:**      **Date of Birth:**      **Relationship to the Individual:**       | **Witnesses/Relationship (include clients as applicable):**

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| **Name** | **Relationship** | **Phone #** |
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| Notifications: Name/Date/Time:

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| Law Enforcement: |
| Police Dept.  |       |
| Report #: |       |
|  |  **Name** | **Date** | **Time** |
| Officer: |       |       |       |
| Advocate: |       |       |       |
| SSA: |       |       |       |
| Provider: |       |       |       |
| Family: |       |       |       |
| ChildrenServices: |       |       |       |
| Other: |       |       |       |

  | **Guardian Notification:** Name:      Address:      City:       State:       Zip:      Telephone #:      Email Address:      Date notified:       Time:       [ ]  AM [ ]  PM Who made the notification:       |
| **Contributing factors and primary causes:** **(What happened prior to the incident? What is happening in the individual’s life that could be contributing factors?):**     **Please give a complete description and all facts that are known which will help us understand the incident:** **(Include Who, What, Where, When, Why, etc. Use second page as needed):**       |
| **Print your name and title:**     **Phone #(s) where you can be reached:**      **Email address:**       | **Agency Contact Person:** (who is the best person to call if we need additional information and what number should we call to reach them?)      **Telephone#:**      **Email Address:**       |

03/04/2013