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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):**   |  |  |  | | --- | --- | --- | | **Name** | **Relationship** | **Phone #** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | |
| Notifications: Name/Date/Time:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Law Enforcement: | | | | | | Police Dept. | |  | | | | Report #: | |  | | | |  | **Name** | | **Date** | **Time** | | Officer: |  | |  |  | | Advocate: |  | |  |  | | SSA: |  | |  |  | | Provider: |  | |  |  | | Family: |  | |  |  | | Children  Services: |  | |  |  | | 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