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| **MUI Category:** **[ ]  Physical Abuse [ ]  Sexual Abuse [ ]  Emotional Abuse [ ]  Neglect [ ]  Peer to Peer Acts** **[ ]  Misappropriation [ ]  Exploitation [ ]  Failure to Report [ ]  Rights Violation [ ]  Prohibited Sexual Relations** **[ ]  Significant Injury Known [ ]  Significant Injury Unknown [ ]  Hospitalization** **[ ]  Attempted Suicide [ ]  Medical Emergency [ ]  Law Enforcement [ ]  Missing Person** **[ ]  Death [ ]  Unapproved Behavioral 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 #**1.                  2.                  3.                  4.                  5.                   |
| Notifications: Name/Date/Time: **Name Date Time**Law Enforcement:                   Police Dept.       Report#:      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