Stark County Board of Developmental Disabilities
The Department of Contract and Investigative Services

SCBDD MUI or UI Incident Report Form

Please Print

Reporting hotline (330) 477-4477 MUI fax number (330) 477-0016 E-mail MUIreport@StarkDD.org

Provider (*agency name*) _____ Address _____

Phone number _____ Date incident discovered _____

Client name _____ Address _____

City _____ State ____ Zip _____ County _____ Phone number _____

Date of birth _____ Social Security number _____ Funding type _____

SSA Assigned ☐ Yes ☐ No SSA name _____

Individual is own guardian ☐ Yes ☐ No Guardian appointed? ☐ Yes ☐ No Guardian name _____

Phone no. _____ Guardian address _____ City _____ State ____ Zip _____

Date incident occurred (*M/D/Y*) _____ Time of incident _____ ☐ AM ☐ PM

Where did incident occur? _____ County _____

Explain incident (*who ,what, when, where*) _____

add additional sheet(s) as necessary

Did injury occur? ☐ Yes ☐ No Hospital ☐ ER only ☐ Admit

Describe the injury/treatment _____

Location ***on the body*** where injury occurred _____ Individual assessed for injury? ☐ Yes ☐ No

By whom? _____ Title _____ Date _____

How? _____ Emergency transport? ☐ Yes ☐ No By whom? _____

Does individual have a behavior support plan? ☐ Yes ☐ No Does it include physical restraint? ☐ Yes ☐ No

Were there witnesses to this incident?

1 Name _____ Title _____ Phone Number _____

2 Name _____ Title _____ Phone Number _____

3 Name _____ Title _____ Phone Number _____

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Client name _____

Who is the primary person involved? (*alleged perpetrator*)

Name _____ Address _____

Phone _____ Worksite _____ County Board employee? ☐ Yes ☐ No

Describe ***immediate action*** taken to ensure health and safety of the individual _____

Further medical follow-up necessary? ☐ Yes ☐ No Explain _____

Who did you notify of the incident?

1	County Board verbal notification date	☐ Yes	☐ No	Date _____	Time _____	☐ AM	☐ PM
2	County Board written notification date	☐ Yes	☐ No	Date _____	Time _____	☐ AM	☐ PM
3	Guardian	☐ Yes	☐ No	Date _____	Time _____	☐ AM	☐ PM
4	SSA	☐ Yes	☐ No	Date _____	Time _____	☐ AM	☐ PM
5	Law enforcement	☐ Yes	☐ No	Date _____	Time _____	☐ AM	☐ PM
	What jurisdiction? _____						
6	Child Protective Services	☐ Yes	☐ No	Date _____	Time _____	☐ AM	☐ PM
7	Other Who? _____	☐ Yes	☐ No	Date _____	Time _____	☐ AM	☐ PM

***If death occurred** ☐ N/A Date _____ Time _____ ☐ AM ☐ PM

At what location? _____

Was the coroner notified? ☐ Yes ☐ No Date _____ Time _____ ☐ AM ☐ PM

Law enforcement involved? ☐ Yes ☐ No Date _____ Time _____ ☐ AM ☐ PM

*Signature of reporter or person completing this report

Signature _____ Title _____ Date _____

Box to be completed by Provider or County Board MUI designee

Administrative action taken following incident _____

*Signature of MUI designee

Signature _____ Title _____ Date _____

Tracking ☐ UI Log? ☐ Yes ☐ No Initials (person logging) _____ UI Closed Date _____ ☐ MUI