

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@StarkMRDD.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) \_\_\_\_\_  
\_\_\_\_\_  
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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 0

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
2	County Board written notification date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
3	Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
4	SSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
5	Law enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM

What jurisdiction? \_\_\_\_\_

6	Child Protective Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
7	Other Who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> 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