

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 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