



UNUSUAL EVENT FORM

REPORT #: _____ (ex: 10216 JJ) month, day year and client initials

Date Received by QA: _____

Client Name:	Date:	Time:
Name & Title of staff REPORTING:	Initials of other clients involved:	
List Name of other staff involved:	Other's involved and relation to client if any:	

Where? Where event took place, i.e. in client home (bedroom, kitchen) and address
Description of place (client home/bedroom): _____
Complete Address: _____

Ensure originals remain in the client's chart and only send COPIES with UE to QA.
(Put an X next to all documents that apply.)

Document Name	Document Name
Hospital/ED Visit or Urgent Care Discharge Summary	Medication Error Report Form
Body Diagram	Sleep Chart
Seizure Log	Toileting/Positioning Log
Head-To-Toe Checklist	Other: _____

What? Put (X) on applicable event (letter).

Category	Number	QA ONLY	Category	Number	QA ONLY
A. Medical			E. Staff Behavior		
B. Property Damage			F. Safety Issues		
C. Criminal			G. Emergencies		
D. Client Behavior			H. Complaints		

NOTIFICATIONS: To be completed within 24 hours of discovery.

NOTIFICATIONS	Name of Person Notified	Date Notified MM/DD/YYYY	Time Notified AM/PM	How was person Notified-email, phone, in person
FAMILY MEMBER/ ADVOCATE				
Program Supervisor				
ON-CALL After Hours				
Care Coordinator (Done by Program Supervisor)				
QUALITY ASSURANCE- Send DETAILED email				
Police-Fire-9-1-1 When applicable				
RN/LPN Full Name and title				
QA TO NOTIFY President/CEO				



TRINITY ASSISTANCE CORPORATION

Brief Narrative of Events: To be completed by staff observing or discovering event. Include the following: who, what, where, when, how & corrective actions taken. State facts only and avoid giving your opinion. Continue narrative on a blank progress note if necessary and attach.

IMMEDIATE ACTIONS (what was done to ensure the individual’s safety):

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CURRENT STATUS OF CLIENT (resting, at ED, at baseline):

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PLAN TO PREVENT (to be completed by Program Supervisor):

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ITEMS NEEDED TO CLOSE EVENT (To be completed by QA-not closure on separate sheet):

1. _____
2. _____
3. _____
4. _____
5. _____

Completed By: _____ Title: _____ Date: _____

Reviewed By: _____ Title: _____ Date: _____

Quality Assurance Notification Email
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