



UNUSUAL EVENT FORM

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

Date Received by QA _____

(check all that apply) Medical Summary COPY attached _____ Body Diagram attached _____
Seizure log attached _____ Head-to-toe checklist attached _____

Client Name:	<u>Date</u>	<u>Time</u>
Name & Title of staff involved:	Initials of other client involved:	
List Name of others involved:	Relationship to client if any:	

Where? Where event took place: in client home, day program, school, etc.

Description of place: _____

Complete Address: _____

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

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

NOTIFICATIONS	Name of Person Notified	Date Notified	Time Notified	How was person Notified- email, phone, in person
FAMILY MEMBER/ ADVOCATE				
ON-CALL Notification				
MSC notification is done by the Discovering staff				
QUALITY ASSURANCE- Send DETAILED email				
Police-Fire-9-1-1 When applicable				
RN/LPN when applicable				
QA TO NOTIFY President/CEO				

NOTIFICATIONS: To be completed within 24 hours of discovery.



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 personal opinion. Continue on a blank progress note if necessary and attach.

<u>IMMEDIATE ACTIONS:</u>
<u>PLAN TO PREVENT:</u>
<u>CURRENT STATUS OF CLIENT/STAFF:</u>

Completed by: _____ Title: _____ Date: _____

Reviewed by: _____ Title: _____ Date: _____

Quality Assurance Notification Email:

- jackbrennan@trinityassistance.org- QA Liaison
- vlopez@trinityassistance.org- QA Consultant