## Riverside University Health System – Behavioral Health <u>INCIDENT REPORT</u> <u>CONFIDENTIAL</u>

PROGRAM NAME	RU#	STAFF MAKING REPORT
CLIENT NAME	DOB	RUHS-BH CLIENT ID#

The above named client was involved in an act/action which meets/may meet (circle one) the requirements of the formation of the Adverse Incident Committee. The incident falls into one of the following categories (circle all that apply).

- 1. Physical injury to any client or clinic visitor requiring medical attention.
- 2. Suicide.
- 3. Significant injury caused by suicide attempt.
- 4. Homicide.
- 5. Significant injury caused by physical assault/battery by client upon another.
- 6. Significant injury caused by physical assaults on clients or visitors.
- 7. Significant injury to client while at clinic site.
- 8. Death of client by other than natural causes.

## THE EVENTS WHICH OCCURRED ARE AS FOLLOWS:

SUBMISSION DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

TO WHOM SUBMITTED:

SUBMIT THIS FORM TO SUPERVISOR WITHIN 24 HOUR OF INCIDENT DO NOT PLACE THIS FORM OR ANY COPY OF THIS FORM IN CHART