



**ATTACHMENT VI  
CRITICAL INCIDENT REPORT FORM**

Client ID#:                      Age of client:

Incident Date:                Start of Care Date:

Date of last clinical contact before incident (*excludes crisis contacts involving this incident. This would be last attended appointment or phone contact before incident*):

Name of person completing this report:

Name of supervisor who reviewed this report:

**Category of Incident:** (Check one) \*See Critical Incident standard for definitions

- Client suicide
- Attempted suicide
- Client death (excludes natural causes)
- Alleged client abuse or neglect (by YCHHS staff, occurred on YCHHS property, or client to client on YCHHS property)
- Danger to health and safety
- Alleged homicide of or by client
- Police intervention

Suspected suicide of a youth or young adult per YCHHS policy 016-79-06-08, *Coordinating Community Suicide Response....*, is to be reported to OHA. Has this been done?

Suicide, death, or allegation of abuse of an adult as defined in policy 016-79-08-07, *Adult Abuse Report Form (AARF)* needs to be completed and shared with YCHHS investigator (who is with the DD program). Has this been done?

**Describe the clinical picture prior to the event:**

**Give details of the critical incident:**

**Action steps following the incident:**

**Did your review include an assessment of the inclusion of natural supports in treatment planning?**  Yes  No

Submit to supervisor within 14 calendar days of the incident. Supervisor to review and send to Quality and Compliance Manager within 14 calendar days of receipt from staff. There could be times, due to level of complexities (e.g. client death), where additional time is needed to gather collateral info, and additional time can be approved by reviewing supervisor.

**To be completed by the Quality and Compliance Team**

Date of agency BH Leadership review:

After review, suggested system changes: