

Appendix E

Nebraska Department of Health and Human Services

Division of Developmental Disabilities

Critical Incident Reporting Form

Critical Incident Line: (402) 471-8786 or toll free (877) 667-6266

Service Coordination notifications go to the assigned Service Coordinator

Date of Incident: _____

Date of Call in (Verbal Report) to Service Coordination: _____ to DDD-Central Office: _____

Date of this Written Report: _____ (fax to 1-402-471-8792)

Note – per contract language: Verbal reports will be made immediately upon becoming aware of the incident. Verbal reports will be followed up with written reports to Service Coordination and DDD-Central Office within 24 hours of the verbal report being made.

Consumer Name: _____

Consumer Address: _____

Provider Name: _____

Provider Address: _____

Provider Contact Name and Phone # for Follow-up: _____

Check all that apply:

- 1. Leaving staff supervision where the safety of the individual or others is potentially threatened _____
- 2. Hospitalization due to mental health/behavioral concerns _____
- 3. Injuries received by individuals, staff or others requiring medical attention _____
- 4. Injuries to individuals in services related to incidents involving restraints _____
- 5. Police contacts due to behavior _____
- 6. Death _____

Notification to: ___ APS ___ CPS ___ Law Enforcement (check all that apply)

Date Reported: _____ Name of Person who took the report: _____

Summary of Incident: _____

Signature of Staff

For DHHS-DDD Staff Use Only

Follow-up by APS/CPS/Law Enforcement: _____
