

Veterans Mental Health Services Evaluation INCIDENT REPORT

WHAT IS AN INCIDENT?

An incident is any situation, emergency, or interaction with a respondent that requires the interviewer to respond in a way different from or not covered by the routine protocols. Examples are current child or elder abuse, respondent’s intent to harm self or others, or an outburst on the part of a respondent.

WHAT IS THE PURPOSE OF THE INCIDENT REPORT?

The incident report documents non-routine situations that come up during data collection and provides senior evaluation staff with information to evaluate the need to act upon an incident.

Interviewer must complete PAGE 1 immediately after incident (w/help of supervisor, if needed).

DO NOT include any identifying information on pages 1 or 2 of this form.

Case ID: _____

Date of Incident: ____ / ____ / ____

Time of Incident: _____ AM or PM
(circle)

Type of Incident (check all that apply):

- Current Suicidal Intent
- Current Child Abuse
- Current Elder Abuse
- Specific Intent to Harm Self (i.e., self-mutilation)
- Specific Intent to Harm Other(s)
- Other, specify: _____

Record what respondent said VERBATIM (use notes taken during call): _____

Describe any other relevant details about the incident (such as, but not limited to, referral #s given to R):

Reported by (interviewer): _____ Date: ____ / ____ / ____

Signature

Interviewer printed name: _____

DO NOT include any identifying information on pages 1 or 2 of this form.

TSC Supervisor Review (PAGE 2 to be filled out by supervisor as soon as possible after incident).

Confirmed by TSC Supervisor to be a current or specific threat? Yes No

If no, explain: _____

Additional notes **from TSC supervisor's** monitoring/assessment of the incident (include any referral #s given to respondent not already noted above by interviewer): _____

RECORD OF ON-CALL CLINICIAN CONTACT (for suicidal and intent-to-harm incidents ONLY)

	Names of Clinician(s) Contacted	@ Phone # and/or Email address	Time Contacted	Outcome and Time of Outcome
1.			_____ am _____ pm	_____ _____ am/pm
2.			_____ am _____ pm	_____ _____ am/pm
3.			_____ am _____ pm	_____ _____ am/pm

RECORD OF SURVEY DIRECTOR/COORDINATOR NOTIFICATION (for ALL incidents)

If applicable, was VMHSE staff emailed while waiting for return call from clinician? Yes No NA

NA

If applicable, was VMHSE staff emailed after supervisor had spoken with clinician? Yes No NA

NA

Was Incident Report (**Pages 1 & 2 ONLY**) scanned and attached as PDF to email? Yes No

Was Incident Report locked in VMHSE cabinet for director/coordinator review? Yes No

If NO is checked for ANY of the above four questions, explain: _____

Evaluation Team Review (to be filled in by Survey Director/Coordinator ONLY)

Date Survey Director/Coordinator received the report: _____ / _____ / _____

Action taken by Survey Director/Coordinator (indicate if consultation was with Principal Investigator, Mental Health Worker, Legal Counsel, or other AND describe conclusion of consultation):

Director/Coord. Signature: _____ Date Incident Resolved: _____ / _____ / _____

**IDENTIFYING INFORMATION—PAGE 3—DO NOT SCAN OR EMAIL
TO BE DESTROYED ONCE INCIDENT RESOLVED**

Respondent Name: _____

Did respondent provide a best telephone number to be reached on currently?

- Yes. If yes, record # _____ (give to supervisor for clinician use)
 No

Did respondent provide current location?

- Yes. If yes, record location _____
_____ (give to supervisor for clinician use)
 No

If the incident involves others, were you able to get their names?

- Yes. _____
Name/Relationship/Role in incident for each person involved
- No. _____
Any information that could help identify others involved.
- NA (Incident does not involve others)