UAC Basic Information

	First Name:		**Status:**
	Last Name:		**AKA:**
	Date of Birth:		**Gender:**
	A No.:		**LOS:**
	Age:		**LOC:**
	Child's Country of Birth:		**Current Program:**
	Admitted Date:		**Current Location:**
	ORR Placement Date:		

Event Type: SIR Event

Date of Event: **Time of Event:** **Event ID:**

Synopsis of Event:

Significant Incident Report

○ **Emergency SIR** ◉ **SIR**

SIR

☑ **Abuse/Neglect in ORR Care** Sexual Abuse or Sexual Harassment Alleged Perpetrator:

Sexual Abuse SIR

TYPE OF INCIDENT/INDIVIDUALS INVOLVED

Type of Incident: **Type of Allegation:**

How was this UAC involved?

Were Other UAC Involved ○ Yes ◉ No

Name	A-Number	Role	Specify

Were Staff Present of Involved in the Incident ○ Yes ◉ No

Name	Title	Role	Specify

Incident Information:

Did the incident take place at another care provider facility? ○ Yes ◉ No **Care Provider Name:** -- Select Provider Name --

Care Provider City: -- Select Provider City -- **Care Provider State:** -- Select Provider State --

Location of Incident:

Date Reported To Care Provider:

Time Reported To Care Provider:

Other Specify:

Date Reported To ORR:

Time Reported To ORR:

Description of Incident: (Full Description of Incident)

Was the UAC or Anyone Else Injured?: ○ Yes ◉ No **Specify:**

Actions Taken

Staff Response and Intervention

Actions Taken for Victim:

Action Taken for Alleged Perpetrator:			
Follow-up Regarding Individuals Involved:			
Recommendations:			
	Reporting:		
Reported To CPS:	○ Yes ◉ No	**Date of Report:**	**Time of Report:**
Was the Incident Investigated?	○ Yes ○ No	**Date Notified the Incident will be investigated:**	**Case/Confirmation Number:**
Progress of Investigation:			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Is CPS Different From State Licensing:	○ Yes ◉ No		
Reported To State Licensing:	○ Yes ◉ No	**Date of Report:**	**Time of Report:**
Was the Incident Investigated?	○ Yes ○ No	**Date Notified the Incident will be investigated:**	**Case/Confirmation Number:**
Progress of Investigation:			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Reported To Local Law Enforcement:	○ Yes ◉ No	**Date of Report:**	**Time of Report:**
		Officer Name:	**Officer Badge:**
Was the Incident Investigated?	○ Yes ○ No	**Date Notified the Incident will be investigated:**	**Case/Confirmation Number:**

Progress of Investigation:

Results/Findings of Investigation: ------

Attach Reports/Findings:

Reported To DOJ: ○ Yes ◉ No

Date of Report:

Time of Report:

Notes:

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
	ORR/FFS				
	ORR/PO				
	Case Coordinator				
	CFS				
	SIR Hotline				
	Medical Coordinator				

Other Notifications:

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
Attorney of Record					
Parent/Legal Guardian					
Child Advocate (If Applicable)					

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report				
Contact for Follow-Up				