

MACOMB COUNTY COMMUNITY MENTAL HEALTH- SUD

CLIENT INCIDENT REPORT FORM

I. TO BE COMPLETED BY MCCMH-SUD CONTRACTED AGENCY

AGENCY TYPE: ☐ Outpatient/IOP/HIOP ☐ MAT/SUD-HH ☐ Recovery Home ☐ Residential/Withdrawal Mgt

Program:	License Number:	Focus:#:	Name:
Address:		Age:	Sex: M () F ()
City:	State:	Zip:	

Date of Incident:	Time:	Location of Incident:
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Witnesses* Staff: Y () N ()	Witnesses* Staff: Y () N ()
Name or Focus # *:	Name or Focus # *:
Contact Phone Number:	Contact Phone Number:
<small>*Witnesses who are clients in treatment should be asked to sign release of information to MCCMHA for possible follow up contact, but are not required to do so.</small>	

CHECK TYPE OF INCIDENT-

- A. ☐ Death of Client
- B. ☐ Serious illness requiring admission to hospital
- C. ☐ Alleged cause of abuse or neglect
- D. ☐ Accident resulting in injury to client requiring emergency room visit or hospital admission
- E. ☐ Behavioral episode (with or without police contact)
- F. ☐ Arrest and/or conviction
- G. ☐ Vehicle or building issue

Explanation of What Happened (if agency is to include their own incident report, indicate here and attach completed report to this form):

Immediate Actions Taken (actions taken to protect, comfort and/or assure proper treatment of the client):

Actions Taken to Remedy and/or Prevent Reoccurrence of Incident:

Signature of Person Completing Form:

Date:

Send to:
MCCMH-SUD, 19800 Hall Road, Clinton Township, MI 48038
Secure email to mcosa@mccmh.net, or Fax to 586-469-5568

II. TO BE COMPLETED BY MCCMH-SUD

<p>MCCMH-SUD Investigation Findings</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Death of Client</p> <p><input type="checkbox"/> Physical Illness Requiring Admission to Hospital</p> <p><input type="checkbox"/> Serious Challenging Behaviors</p>	<p><input type="checkbox"/> Accident requiring ER visits and/or admission to hospital</p> <p><input type="checkbox"/> Arrest/Conviction of Client</p> <p><input type="checkbox"/> Medication Error</p>
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Determination:

Check one: Sentinel Event () Non Sentinel Event ()

Check one:

☐ MCCMH-SUD Plan of Action/Intervention

☐ Rationale For No Further Investigation

Provide a brief description:

MCCMH-SUD Signature: _____ Date: _____