

**DEPARTMENT OF MENTAL HEALTH  
LICENSING DIVISION**

**Report of Incident Occurring within 30 Days of Discharge**

**Reporting Information**

Date Reporting to DMH

Facility Name Reporting

Person

Title

**Client Information**

Name

Date of Birth

Age

DMH Client?

Legal Section

Date/Initial Admission

Date/Initial Discharge

Unit Discharged From

Did discharge result from submission of a 3-day notice?

**Facility Notification**

How was the facility notified?

By Whom? If known

Date of Notification

**Incident Information**

Date of Incident/Readmission

If death occurred, is this a Medical Examiner Case?

If death - submit discharge summary with report

**Description of Incident/Review & Findings**