

**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