DEPARTMENT OF MENTAL HEALTH LICENSING DIVISION
INPATIENT INCIDENT REPORT
(Submit reports first business day post incident, with separate report for each affected client)

Hospital Info			
Facility Name	-Select-		
Reporter Name & Title		Submission Date to DMH	

Client Info				
Client Name			Age & DOB	
DMH Client	-Select-	Gender		
Admission Date		Legal Section		
Diagnoses				

Incident Info					
Incident Date &Time		Unit		Census at Time of Incident	
Checks Level at Time of Incident			Checks Level After Incident		
Planned Staffing			Actual Staffing (including 1-1s)		
Was this reported to any other agency?	☐ AGE ☐ BSAS ☐ DCF ☐ DDS ☐ DPH ☐ CPPD ☐ DYS			Medical Examiner Case?	-Select-
Description of Incident	-Select-				

Review and Findings
Please include any changes to the treatment plan; meetings with the HRO, Family, Police etc.; & notification to guardians. If applicable, please provide info regarding medical treatment and/or medical consults.