Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Companion Home and Alternative Living Services Incident Report

COMPANION HOME / ALTERNATIVE LIVING PROVIDER'S NAME	DATE
ADDRESS	TELEPHONE NUMBER (AND AREA CODE)
CLIENT'S NAME	AGE
DATE AND TIME INCIDENT OCCURRED	

Incident Type (check all that apply)

Medical	Behavioral	Safety
☐ Injury / accident	☐ Assaultive behavior	☐ Client abandonment
☐ Hospitalization	☐ Client criminal activity	☐ Suspected abuse / neglect
☐ Death of a client	☐ Property destruction	☐ Financial exploitation
☐ Illness or other condition	☐ Non-consenting sexual activity	☐ Fire / natural disaster
☐ Medical error / refusal	☐ Self-injurious behavior	☐ Missing client
☐ Poisoning	☐ Suicidal behavior	☐ Transportation incident
☐ Unknown injury	☐ Theft / burglary	☐ Victim of criminal activity
☐ Other:	☐ Other:	☐ Other:

Incident Information

DESCRIPTION OF INCIDENT

DESCRIPTION OF INJURIES

PROPERTY DAMAGE OR THEFT (WITH ESTIMATED VALUES)

WHAT TOOK PLACE JUST PRIOR TO THE INCIDENT?

ACTIONS TAKEN IMMEDIATELY FOLLOWING INCIDENT

Notifications and Methods

Examples: law enforcement; Adult Protective Services, DD Case Manager, guardian / family; delegating nurse.

PERSON CONTACTED	RELATIONSHIP	DATE NOTIFIED	EMAIL	MAIL	FAX	PHONE
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

Was the person involved seen by a physician or taken to a hospital? ☐ Yes ☐ No

If yes, list name of physician and facility:

Was First Aid administered? ☐ Yes ☐ No

If yes, list type of care and given by whom:

Was the press notified or involved? ☐ Yes ☐ No

If yes, list names and types:

Were law enforcement agencies contacted or involved? ☐ Yes ☐ No

If yes, list name(s) of responding officer(s):

Was anyone taken into custody or arrested? ☐ Yes ☐ No

If yes, list name(s) and destination:

Were neighbors or the surrounding community involved? ☐ Yes ☐ No

If yes, in what way:

Report Completed by:

SIGNATURE	DATE	PRINTED NAME OF PERSON COMPLETING REPORT