



PROTOCOLL INCIDENT REPORT

BRANCH# _____

Client Name: _____ Telephone: _____

Employee Name: _____ Telephone: _____

Date of Incident: _____ Time: _____

Location of Incident: _____

Date/Time Incident Reported: _____ Reported to: _____

Reported by: Patient Employee Other: _____

Name: _____ Phone: _____

Persons Notified:

Protocall Clinical Supervisor Date/Time: _____ By Whom: _____

Protocall Branch Manager Date/Time: _____ By Whom: _____

Physician *(if client injury/clinical event)* Date/Time: _____ By Whom: _____

Family Date/Time: _____ By Whom: _____

Facility Date/Time: _____ By Whom: _____

Type of Incident *(check all that apply):*

Accident

Family Conflict

Allergic Reaction

Infection *(communicable)*

Client Injury

Medication

Clinical Event *(e.g. seizures)*

Personal Problem

Employee Injury *(must complete Worker's Comp. report)*

Re-Hospitalization *(due to incident)*

Equipment Problem

Description: _____

Action Already Taken: _____

Follow-up Recommendations for Quality Improvement: _____

Report Completed by: _____ Date: _____

Branch Manager Signature: _____ Date: _____



PROTOCOL INCIDENT REPORT *(cont'd)*

Sexual Harassment Checklist:

- 1.) List the names of everyone who might have seen or heard about the offensive conduct.

- 2.) List the names of everyone who may have had a similar experience with the alleged harasser, along with a chronology of when and where each incident occurred.

- 3.) If you have delayed reporting this incident, please list the reasons why.

- 4.) Please give your thoughts on what the employer should do to correct the problem and maintain a harassment-free environment.

Please have these questions answered on any alleged claim made. Based upon the complete investigation, we will then determine what actions would be necessary. The client's participation is critical and witness statements and investigation material must be kept together in writing.