



Data Collection for General Event Report

Profile Information

Individual Name : _____

Provider Name: Community Options, Inc. **Program Name:** _____

Report Date : _____

Event Information

Event Date: _____

Location of Event Community Home Recreation/Leisure Work School
 Family home visit Unknown Other: _____

Location Name: _____

City: _____ **State** _____

Check Event

<input type="checkbox"/> Injury <i>[Use Form-GER(a)]</i>	<input type="checkbox"/> Restraint Other <i>[Use Form-GER(d)]</i>
<input type="checkbox"/> Medication Error <i>[Use Form-GER(b)]</i>	<input type="checkbox"/> Restraint Related to Behavior <i>[Use Form-GER(c)]</i>
<input type="checkbox"/> Other <i>[Use Form-GER(f)]</i>	<input type="checkbox"/> Death <i>[Use Form-GER(e)]</i>

*****IF RESTRAINT OTHER, RESTRAINT RELATED TO BEHAVIOR, OR DEATH OCCURS, CALL SUPERVISOR.*****

General Information

If you answer yes to Abuse or Neglect, please contact your supervisor immediately

Abuse Suspected? Yes No

Type of Abuse Civil Rights Violation Physical Sexual Emotional Verbal
 Psychological Other _____

Neglect Suspected? Yes No

Type of Neglect Neglected by Responsible Provider Other _____

Reported By _____

Reporter's Relationship: Family Self Staff Other _____