## Data Collection for Therap Forms

### Profile Information

Individual Name: _____     Program Name:_____

Report Date: _____

### Event Information

Event Date: _____     Event Time: _____

Location of Event:  ○ Community     ○ Home     ○ Work     ○ School

○ With Family     ○ Other:_____

City/Region: _____

### Check Event

☐ Injury                                    ☐ Behavior Event Report

☐ Medication Error                          ☐ Procedural Error

☐ Other

### General Information

**If at any time a Medication Error, ER Visit, Hospitalization, Restraint, or Death occur you MUST contact your supervisor or On Call IMMEDIATELY.**

**If at any time you suspect Abuse, Neglect, or Exploitation, you MUST contact your supervisor or On Call IMMEDIATELY.**

Reported By (Please Print):_____

Reporter's Relationship:  ○ Family     ○ Self     ○ Staff     ○ Other_____

**\*\*\* All GERs must be turned in within 24 hours of the incident. If it is a concern of abuse, neglect, exploitation, restraint, ER visit, hospitalization, or death, GER must be turned in no later than 8 hours or end of shift.**