

# Intensive Residential Treatment Programs DHS Critical Incident Reporting Form

Non Public File

**Within 10 days of the incident, submit one copy of this form with any attachments to your licensor.**  
**Division of Licensing Fax Number: 651-431-7673 (please include licensor's name on cover page)**

Facility License Number		Facility Name	
Person Reporting		Date of Report	
Telephone Number	Date of Incident	Time	<input type="radio"/> AM <input type="radio"/> PM
Treatment Director	All Recipient(s) Involved - Full Name(s)		
Staff Involved			
<b>Incident Type – check as applicable (including but not limited to):</b> <input type="checkbox"/> a. Suicide <input type="checkbox"/> b. Attempted suicide <input type="checkbox"/> c. Homicide <input type="checkbox"/> d. Death of a recipient <input type="checkbox"/> e. Recipient injury – life threatening or requires medical attention <input type="checkbox"/> f. Fire requiring fire department <input type="checkbox"/> g. Alleged maltreatment of recipient <input type="checkbox"/> h. Assault of a recipient <input type="checkbox"/> i. Assault by a recipient <input type="checkbox"/> j. Other act or situation (describe below) that requires response by: 1. law enforcement 2. fire department 3. an ambulance, or 4. other emergency responder			
Other act or situation:		Attachments <input type="radio"/> Yes <input type="radio"/> No # of pages:	
Summary of incident (or attach related reports)			

**PLEASE NOTE:**

**Notifying your licensing agency on this critical incident report does not take the place of your mandatory reporting responsibility.**

**R36V.03, subdivision 10. Critical incident.** "Critical incident" means an occurrence that involves a recipient and requires the program to respond in a manner that is not a part of the program's ordinary daily routine, including but not limited to: suicide, attempted suicide, homicide, death of a resident, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a resident, assault of a resident, assault by a resident, or other act or situation that requires a response by law enforcement, the fire department, an ambulance, or another emergency response provider.

FOR OFFICE USE ONLY	
Date Reviewed:	Reviewed By:
Contacted Program:	Contacted Other: