

Patient/ Employee Incident Report

Incident pertaining to: Patient Employee Other **Today's Date:** _____

Patient Name (if incident pertains to patient): _____ **DOB:** _____

Employee Name (if incident pertains to employee): _____

Date of Incident: _____ **Time of Incident:** _____

Incident was: Witnessed Discovered Verbally Reported Personally Experienced

Address where Incident Occurred: _____

Location: Home (*Inside*) Home (*Outside*) Vehicle Community (*staff present*) Community (*staff not present*)

Type of Incident (check all that apply): Alleged Abuse (Verbal) Alleged Abuse (physical)

Alleged Exploitation Alleged Neglect Behavioral/ Psychiatric Issue Criminal Conduct

Death Equipment **Fall** Injury (known cause) Injury (unknown or suspicious cause)

Medical Error Missing Person Procedural Error Sexual Aggression Staff Conduct

Other Type of Incident (Explain) _____

Employee Injury (Type) _____ (Must notify Supervisor Immediately)

Incident/ Error Due to: Act of God (lightning) Caregiver/ Family Communication Environment

Clinician of Another Agency Employee of Zinnia Facility/ Pharmacy/ Lab Patient

Self (Reporting an Incident Only Involving Yourself) Other _____

Immediate Notifications:

Supervisor Notified: _____ Date: _____ Time: _____ By: _____

Mandatory, MUST CALL (931) 507-2700 or (931) 787-2230

Pt. Family Notified: _____ Date: _____ Time: _____ By: _____

Physician Notified: _____ Date: _____ Time: _____ By: _____

Other Notified: _____ Date: _____ Time: _____ By: _____

HR Notified (if Employee Injury): _____ Date: _____ Time: _____ By: _____

Details of Incident

Description of Incident: _____

_____.

Attach additional paper if needed

Description of Injury (if applicable): _____

_____.

Did the incident require medical attention? Yes No If yes, explain: _____

_____.

Were there any witnesses involved? Yes No If so, who? (Please list all witnesses and contact information)

1) _____ contact: _____

2) _____ contact: _____

3) _____ contact: _____

4) _____ contact: _____

Employee Statement: "I _____ understand that I am subject to a new
print employee name
background check, drug screen, and/ or my background being released to the proper authorities (Adult Protective Services, Department of Children Services, Law Enforcement, TennCare Authorities, Tennessee Board of Health, or any other Agency) that may help in any investigation dealing with this incident."

Employee Name (printed): _____ Contact Number: _____

Employee Signature: _____ Date: _____