1) UIRMS #: ##-###### (number assigned by DMHAS and sent to you via e-mail shortly after your Initial Report is received)

2) Incident Date: mm/dd/yyyy 3) County: the county in which the consumer’s agency of service is located

4) Consumer Name: First and last name 5) Race/Ethnicity: Caucasian, African American, Hispanic, Asian, Other Pacific Islander, American Indian, Chinese, Japanese, Filipino, Korean, Asian Indian, Vietnamese, Other Asian, Native Hawaiian

6) Agency Name/Address: Full (unabbreviated) agency name and street address.

7) Reason for this Report:  New Information  Investigation Completed  Other

Status:  Pending  Closed

8) Primary Incident Type: assigned by DMHAS and sent to you via e-mail shortly after your Initial Report is received (e.g., Suicide Attempt, Unexpected Death, Physical Abuse) Secondary Incident Type (if applicable): assigned by DMHAS and sent to you via e-mail shortly after your Initial Report is received (e.g., Medical - Unplanned Hospital Admission, Criminal Activity, Media Interest)

9) Agency Findings (enter findings for each allegation and/or code): Agency must check a box; this is the result of the agency investigation.

Primary Incident:  Substantiated  Unsubstantiated  Unfounded

Secondary Incident:  Substantiated  Unsubstantiated  Unfounded  Not applicable

10) Describe the methods used to gather information during agency’s internal review (i.e. consumer/staff interview, review of policies, procedures and clinical record, etc.):

11) Describe in detail all **NEW/ADDITIONAL** information: New and/or additional information regarding this incident that was not included within the Initial Report.

(In the event of a death, provide the official cause of death, if known. Attach additional pages as necessary.) The agency may also include which hospital and type of unit the consumer was admitted to following the incident – this information may not have been known at the time the initial UIR was submitted.

12) Identify all consumer medications:

(Include dosage, route, and frequency for all psychotropic and medical medications.)

Full brand or generic drug names (e.g., Zoloft 50mg in the morning for depression)

13) Does the consumer have a legal status?

No  Yes, specify status: e.g., CEPP, Detainer, Involuntary, IST, KROL, Megan’s Law, Voluntary, NGRI, Drug Court, Intoxicated Driver Resource Center, Parole, Probation, and action taken by agency or applicable legal entity: e.g., notified the consumer’s probation officer.

14) Summary of analysis/evaluation/investigation:

(In addition, attach, as appropriate, completed Appendices 1, 2, 2a, 3, and/or 4. Attach additional pages as necessary.

Include alleged victim, alleged perpetrator, and witness statements as appropriate.)

Following your agency’s administrative review during the days after the incident, summarize the results of your analysis/evaluation/investigation; including results from the appendices. Do not forget to include applicable appendices with follow up report.

15) Agency Finding(s)/Conclusion(s)/Action(s) planned or taken (i.e.: protective, administrative, treatment, disciplinary, and training actions taken to ensure safety and well-being of consumers):

Following your agency’s administrative review during the days after the incident (remember, you have 45 days to turn in the follow-up report), what agency processes were found to be contributing factors and/or causes regarding this incident? As a result, what process/policy/procedure and/or protective/administrative/treatment/disciplinary/training actions are planned, including date of completion?

16) Other remarks/concerns/recommendations: Any other related concerns/issues found during your analysis of this incident (e.g., the treatment plan was not signed, dates, and timed).

This document was prepared by: First and last name Title:

Date: mm/dd/yyyy Time: ##:## Phone number: ###-###-#### E-mail address:

Contact person if different than the preparer: First and last name Title:

Phone number: ###-###-#### E-mail address: