Follow-up Incident Report Form
New Jersey Department of Human Services
Division of Mental Health & Addiction Services

Submit no later than 45 days following the date the incident was known to the agency. Submit reports to: dmhs.incidentrept@dhs.state.nj.us or Northern Region Fax # 973-977-6024 or Southern Region Fax # 609-341-2316.

1) UIRMS#: ____________________ 2) Incident Date: _______________ 3) County: ____________________

4) Consumer Name: ___________________________ 5) Race/Ethnicity: _______________________

6) Agency Name/Address: ____________________________________________________________

7) Primary Incident Type: ____________________ Secondary Incident Type (if applicable): __________

8) Reason for this Report: □ New Information □ Investigation Completed □ Other

Status: □ Pending □ Closed

9) Agency Findings (Enter findings for each allegation and/or code):

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.):

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Advisory, Consultative, Deliberative, Confidential Communication
NJ Department of Human Services 09-2013
11) Describe the incident in detail, including all new/additional information (Note: In the event of a death, provide official cause of death and source. Attach additional pages as necessary):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
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12) Identify all consumer medications (Include dosage, route and frequency for all psychotropic & medical medications):
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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

13) Consumer Legal Status (Does the consumer have a legal status? If yes, specify. If yes, describe any action taken by agency):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

14) Summary of analysis/evaluation/investigation (Include, as appropriate, information listed in Appendix 1, 2, 3 and/or 4 in this section or attach additional pages as necessary. Include alleged victim, alleged perpetrator and witness statements as appropriate.):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
15) **Agency Finding(s)/Conclusion(s)/Action(s) to be taken** (i.e. protective, administrative, treatment, disciplinary & training actions taken to ensure safety and well-being of consumer(s)):

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16) **Other remarks/concerns/recommendations**: ____________________________________________

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Prepared by: ______________________________    Title: ______________________________

Date/Time: ________________    Phone: ________________    Email: ______________________________

Contact person if different than the preparer: ____________________________________________

**CONFIDENTIAL**
The information contained in this report is confidential. This document is for internal use only and is not a public document. Only those with a need to know and authority to review this report may review the report. This report may contain confidential client information, as well as protected health information, which are protected by state and federal confidentiality laws. Unauthorized disclosure of any of the contents of this report may result in civil and/or criminal penalties.

If you have received this in error, please call 1-800-382-6717 immediately.