**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](mailto:dmhs.incidentrept@dhs.state.nj.us) or Northern Region Fax # 973-977-6024 or Southern Region Fax # 609-341-2316.

1. **UIRMS#:**Click here to enter text.
2. **Incident Date:** Click here to enter text.
3. **County:** Click here to enter text.
4. **Consumer Name:** Click here to enter text.
5. **Race/Ethnicity:** Click here to enter text.
6. **Agency Name/Address:** Click here to enter text.
7. **Primary Incident Type:** Click here to enter text. **Secondary Incident Type** (if applicable):Click here to enter text.
8. **Reason for this Report:** Choose an item. **Status:** Choose an item.
9. **Agency Findings** (Enter findings for each allegation and/or code):  
   **Primary Incident:** Choose an item. **Secondary Incident:** Choose an item.
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.):  
    Click here to enter text.
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):  
    Click here to enter text.
12. **Identify all consumer medications** (Include dosage, route and frequency for all psychotropic & medical medications):   
    Click here to enter text.
13. **Consumer Legal Status** (Does the consumer have a legal status? If yes, specify. If yes, describe any action taken by agency):  
    Click here to enter text.
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):  
    Click here to enter text.
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)):  
    Click here to enter text.
16. **Other remarks/concerns/recommendations:** Click here to enter text.

Prepared by: Click here to enter text.

Title: Click here to enter text.

Date/Time: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Contact person if different than the preparer: Click here to enter text.

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