

# CONFIDENTIAL

## INITIAL REPORTING CATEGORY

A+    A    B    C

## DEPARTMENT OF HUMAN SERVICES

## INCIDENT FOLLOW-UP REPORT

<b>Client Name</b>	<b>Agency/Sponsor</b>	<b>Program</b>

<b>Address (community only)</b>	<b>Incident Code</b>	<b>Div.</b>	<b>Region</b>	<b>Initial Incident Date</b>
		DDD		

### Reason for this Report:

- New Information (provide details on page 2)  
 Investigation Completed  
 Committee Decision or Review (DDD and MH only)  
 Other Administrative Review  
 30 day     3 mos.     5 mos.     7 mos.     9 mos.     11 mos.     other elapsed time  
 Other (please specify in remarks section on page 2)

Does this report upgrade a B/A incident to an A/A+?    no    yes (provide details on page 2)

### Current Status

- Completed (please complete section A, B, C)     Pending (please complete sections A and C)  
FOR DDD USE ONLY ⇒     Closed Administratively    Date: \_\_\_\_\_

### Section A – Status of Reports

Please note the status of reports from each of the following sources as either:

**P**ending, **C**ompleted or **N**ot Applicable

\_\_\_\_ Prosecutor    \_\_\_\_ DOH    \_\_\_\_ DCA/Ombudsman    \_\_\_\_ DYFS  
\_\_\_\_ H Ser Police    \_\_\_\_ Med. Examiner    \_\_\_\_ Public Advocate  
\_\_\_\_ Internal Committees (please name) \_\_\_\_\_  
\_\_\_\_ Internal Committees (please name) \_\_\_\_\_

### Section B – If incident is to be closed, please check the level of findings

(Complete only if incident involved alleged misconduct)  
PROVIDE DETAILS OF INVESTIGATIVE CONCLUSION ON PAGE 2

- Unfounded     Substantiated w/Mitigating Factors  
 Unsubstantiated     Substantiated  
 Unsubstantiated w/Concerns

### Section C – Actions to be Taken (Provide details on page 2 for any option)

- Change in treatment plan (name client on page 2)     Policy/procedure change  
 Training     Changes in Facility  
 Personnel:     Reassign     Suspension     Removal/ termination     Referral to Employee     Other  
(name staff on pg 2)    w/pay    Relations  
 Other (please specify in remarks section on page 2)     None

Name: \_\_\_\_\_ Incident Code: \_\_\_\_\_

**REMARKS**

**SUMMARY OF INITIAL INCIDENT**

**NEW INFORMATION**

**OTHER REASON FOR REPORT**

**UPGRADE B/A TO A/A+**

**SUMMARY OF DETAILS OF INVESTIGATIVE CONCLUSION**

**ACTIONS TO BE TAKEN** (name client if change in treatment plan; name employee if personnel action)

**OTHER REMARKS/RECOMMENDATIONS**

The information contained herein is, to the best of my knowledge, a true and accurate representation of the facts and events that relate to this incident. I understand that falsification, misrepresentation or distortion of any aspect of this written account will be due cause for the initiation of appropriate disciplinary and/or legal action by the Division of Developmental Disabilities.

Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_