

COMMUNITY MENTAL HEALTH OF CLINTON-EATON-INGHAM COUNTIES

Incident Report/Confidential Peer Review QA INDICATOR REPORT (IR)

Note: Suspected Abuse/Neglect must be reported to the Office of Recipient Rights Immediately
Revised 9/03

This is a confidential professional/peer review and quality assurance document. Records, data and knowledge, including minutes collected for or by individuals or committees assigned peer review functions are confidential, are not public record, and are not available for court subpoena.

I. Reporting Staff: (Must be completed by staff with direct knowledge of event during workday in which event occurred. (Forward to responsible on-site staff when complete.)

_____/_____/_____/ Sex M/F
Name of Consumer Case # Date of Birth

Where does consumer reside: Group Home/AFC: _____ Own Home With Family
Name of Home

Date of Event: _____ Time of Event: _____ Site Where Event Occurred: _____

Description of Event: (Attach another sheet if additional information is required)

Reporting Person's Name (Print)

Signature

Date

