



Date of Reporting:
Submit to: info@kyarr.org

CRITICAL EVENT REPORTING

Report all events which affect residents in KYARR certified homes that are reported as abuse/neglect, injury (including overdoses) and death.

Reports must be submitted within 24 hours of event.

Injured Party Name <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M	<input type="checkbox"/> F	DOB:
Address:	Phone Number:		
Agency Name:	Program Contact Name/Number:		

EVENT INFORMATION

Persons Involved: Resident, Staff, Etc.		
Status	Name: Last name, First Name, Contact information (phone number)	Role: Alleged perpetrator, Complainant, Witness, Reporter, Victim

Notifications: House Manager, DMH, Law Enforcement, Hospital		
Date	Contact Name and Title	Time

EVENT INFORMATION

Event Date/Time:	Discovery Date/Time:
Event (Include Date and Time) Describe what happened, any intervention and any follow up actions. Please be specific to who took what actions.	

SIGNATURES

I affirm that the information presented above is true to the best of my knowledge and belief.

Print Name & Title	Signature/Date	Phone/Email

KYARR Use Only: Document those interviewed regarding the critical incident. Findings and recommendations noted here. Signature, title and date requested on completed report.

Print Name & Title	Signature/Date	Email