

Report of Adverse Events

Contract Provider must call Case Manager (CM) within 24-hours, and send this completed form to CM and DHS-MWS within 72 hours of the adverse event. Attach another sheet if needed. TYPE or PRINT, this document must be legible.

Contract Provider Name: _____	
Name and Position of individual reporting the adverse event: Phone: _____	When did adverse event occur? Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Client Name: Date of Birth or SS number: _____	Location where adverse event occurred: (Check one) Address: _____ Agency's <input type="checkbox"/> Phone number: _____ Other _____ <input type="checkbox"/>
---	---

Case Management Unit or Contractor: _____	
Case Manager: _____	

Type of Adverse Event:

<input type="checkbox"/> Bodily Injury	<input type="checkbox"/> Fall with No Injury	<input type="checkbox"/> Fall with Injury	<input type="checkbox"/> Fall with Medical Treatment	<input type="checkbox"/> Pressure Ulcer
<input type="checkbox"/> Medication Error	<input type="checkbox"/> Emergency Room Visit	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Elopement	<input type="checkbox"/> APS/CPS Involvement
<input type="checkbox"/> Death	<input type="checkbox"/> Other			

Description of the reported adverse event, include any witnesses :

Contract Provider action taken as a result of the reported adverse event, include any measures taken to protect clients:

For CM staff:

Verbal Report received by: _____ on _____ at _____ AM/PM
Name Date Time Circle One

Written Report received by: _____ on _____ at _____ AM/PM
Name Date Time Circle One

Describe action taken (including service plan changes), if any, as a result of the reported adverse event:

Reported to: APS CPS Other Agency(ies): _____
Agency Name(s)

Signatures: _____ Date _____ Supervisor Signature _____ Date _____
Case Manager Signature Date Supervisor Signature Date

For DHS/MWS & ACCSB-PD staff:

Written Report received by: _____ on _____ at _____ AM/PM
Name Date Time Circle one

Route to: Y _____ Y _____ Y _____ Y _____
MWS-CMU ACCSB-PD