

# Veterans Mental Health Services Evaluation INCIDENT REPORT

### WHAT IS AN INCIDENT?

An incident is any situation, emergency, or interaction with a respondent that requires the interviewer to respond in a way different from or not covered by the routine protocols. Examples are current child or elder abuse, respondent's intent to harm self or others, or an outburst on the part of a respondent.

### WHAT IS THE PURPOSE OF THE INCIDENT REPORT?

The incident report documents non-routine situations that come up during data collection and provides senior evaluation staff with information to evaluate the need to act upon an incident.

**Interviewer must complete PAGE 1 immediately after incident (w/help of supervisor, if needed).**

**DO NOT include any identifying information on pages 1 or 2 of this form.**

Case ID: \_\_\_\_\_

Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time of Incident: \_\_\_\_\_ AM or PM  
(circle)

Type of Incident (check all that apply):

- Current Suicidal Intent
- Current Child Abuse
- Current Elder Abuse

- Specific Intent to Harm Self (i.e., self-mutilation)
- Specific Intent to Harm Other(s)
- Other, specify: \_\_\_\_\_

Record what respondent said VERBATIM (use notes taken during call): \_\_\_\_\_

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Describe any other relevant details about the incident (such as, but not limited to, referral #s given to R):

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Reported by (interviewer): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature

Interviewer printed name: \_\_\_\_\_

**DO NOT include any identifying information on pages 1 or 2 of this form.**

**TSC Supervisor Review (PAGE 2 to be filled out by supervisor as soon as possible after incident).**

Confirmed by TSC Supervisor to be a current or specific threat?  Yes  No

If no, explain: \_\_\_\_\_

Additional notes **from TSC supervisor's** monitoring/assessment of the incident (include any referral #s given to respondent not already noted above by interviewer): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RECORD OF ON-CALL CLINICIAN CONTACT (for suicidal and intent-to-harm incidents ONLY)**

	<b>Names of Clinician(s) Contacted</b>	<b>@ Phone # and/or Email address</b>	<b>Time Contacted</b>	<b>Outcome and Time of Outcome</b>
1.			_____ am _____ pm	_____ _____ am/pm
2.			_____ am _____ pm	_____ _____ am/pm
3.			_____ am _____ pm	_____ _____ am/pm

**RECORD OF SURVEY DIRECTOR/COORDINATOR NOTIFICATION (for ALL incidents)**

If applicable, was VMHSE staff emailed while waiting for return call from clinician?  Yes  No  NA

If applicable, was VMHSE staff emailed after supervisor had spoken with clinician?  Yes  No  NA

Was Incident Report (**Pages 1 & 2 ONLY**) scanned and attached as PDF to email?  Yes  No

Was Incident Report locked in VMHSE cabinet for director/coordinator review?  Yes  No

If NO is checked for ANY of the above four questions, explain: \_\_\_\_\_

\_\_\_\_\_

**Evaluation Team Review (to be filled in by Survey Director/Coordinator ONLY)**

Date Survey Director/Coordinator received the report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Action taken by Survey Director/Coordinator (indicate if consultation was with Principal Investigator, Mental Health Worker, Legal Counsel, or other AND describe conclusion of consultation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director/Coord. Signature: \_\_\_\_\_ Date Incident Resolved: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IDENTIFYING INFORMATION—PAGE 3—DO NOT SCAN OR EMAIL  
TO BE DESTROYED ONCE INCIDENT RESOLVED**

**Respondent Name:** \_\_\_\_\_

**Did respondent provide a best telephone number to be reached on currently?**

- Yes. If yes, record # \_\_\_\_\_ (give to supervisor for clinician use)  
 No

**Did respondent provide current location?**

- Yes. If yes, record location \_\_\_\_\_  
\_\_\_\_\_ (give to supervisor for clinician use)  
 No

**If the incident involves others, were you able to get their names?**

- Yes. \_\_\_\_\_  
Name/Relationship/Role in incident for each person involved
- No. \_\_\_\_\_  
Any information that could help identify others involved.
- NA (Incident does not involve others)