



Agape Adoption Agency of Arizona, Inc.
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UNUSUAL INCIDENT REPORT

IDENTIFYING INFORMATION:

(Writer, please print CLEARLY and LEGIBLY. State "N/A" if appropriate.)

Today's Date: _____

Family's Name _____ License # _____

Family's Address _____ City, State, Zip _____

Family's Phone _____

Child's Name _____ Case ID _____ DOB _____

Child's Name _____ Case ID _____ DOB _____

Child's Name _____ Case ID _____ DOB _____

Date & Time of Incident: Date: _____ Time: _____ ☐ AM ☐ PM

BRIEF DESCRIPTION OF INCIDENT & ACTION TAKEN (Please provide a specific description. Attach additional pages, if necessary.)

Witness(es) to incident (if a client, please use first name and initial, only): _____

PHYSICIAN (if involved, give name of, time called, and include any orders and/or findings. Also attach, or forward, any reports summarizing subsequent physical examinations).

Name(s) of additional person(s) involved:	Relationship to agency: (client/staff/visitor/foster parent, etc)	Address & Phone, if known	DOB/Age:	Gender: M F	

PLEASE PROVIDE ADDITIONAL DETAIL ON THE NEXT PAGE OF THIS REPORT.

TYPE OF INCIDENT:

(Writer, please check ALL that apply and describe in narrative on previous page of this report.)

Incidents with asterisks MUST be reported to the appropriate State agency.

EMERGENCY INCIDENT: <i>Notification MUST occur within 2 hours!</i>		NON-EMERGENCY INCIDENT:	
<input type="checkbox"/>	Death* - written report due in 5 days	<input type="checkbox"/>	Allegation of verbal or emotional abuse
<input type="checkbox"/>	Suicide* - written report due in 5 days	<input type="checkbox"/>	Allegation of sexual abuse, physical abuse or neglect*
<input type="checkbox"/>	Suicide attempt*	<input type="checkbox"/>	Allegation of sexual misconduct*
<input type="checkbox"/>	Homicide*	<input type="checkbox"/>	Allegation of exploitation or maltreatment of client*
<input type="checkbox"/>	Accident/Injury*	<input type="checkbox"/>	Threats of aggression and/or bodily harm
<input type="checkbox"/>	Self abuse*	<input type="checkbox"/>	Staff misconduct
<input type="checkbox"/>	Physical abuse* - CPS immediately ; written report due in 3 days	<input type="checkbox"/>	Client misconduct
<input type="checkbox"/>	Sexual abuse* - CPS immediately ; written report due in 3 days	<input type="checkbox"/>	Notice of claim or lawsuit
<input type="checkbox"/>	Client Rights/Human Rights/Civil Rights violation*	<input type="checkbox"/>	Unauthorized client absence (AWOL)*
<input type="checkbox"/>	Aggressive assault with or without weapons	<input type="checkbox"/>	Property destruction
<input type="checkbox"/>	Incident requiring the assistance of police (911 only)	<input type="checkbox"/>	Unauthorized alcohol/drug use
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Theft or criminal activity
<input type="checkbox"/>	Med error/reaction requiring emergency or medical intervention	<input type="checkbox"/>	Injury/accident requiring first aid only
<input type="checkbox"/>	Food Poisoning* (requiring medical services)	<input type="checkbox"/>	Possession of weapon
<input type="checkbox"/>	Car accident w/ staff during work hours w/ without client involved	<input type="checkbox"/>	Medication error/reaction, adverse reaction*
<input type="checkbox"/>	Physical injury as a result of a personal restraint*	<input type="checkbox"/>	Illness requiring emergency or professional medical intervention, but not admission
<input type="checkbox"/>	Incident requiring police, fire or emergency professionals		
<input type="checkbox"/>	Unscheduled move of child not according to case plan	<input type="checkbox"/>	Contract dispute related to a client
<input type="checkbox"/>	Child maltreatment	<input type="checkbox"/>	Accident/injury outside treatment setting*

INTERVENTION:

(Writer, please check ALL that apply.)

<input type="checkbox"/>	Agape Caseworker notified	<input type="checkbox"/>	Hospitalization - medical	<input type="checkbox"/>	CPS notified – Date:
<input type="checkbox"/>	Agape Supervisor notified	<input type="checkbox"/>	Hospitalization - psychiatric	<input type="checkbox"/>	CPS Fax: (602) 530-1832
<input type="checkbox"/>	First Aid/Emergency Room Care	<input type="checkbox"/>	Police notified (Rpt #)	<input type="checkbox"/>	Person contacted:
<input type="checkbox"/>	Adult client's emergency contact notified	<input type="checkbox"/>	Parole/probation notified	<input type="checkbox"/>	Faxed date:
<input type="checkbox"/>	Minor client's parent/guardian notified	<input type="checkbox"/>	Crisis Services notified	<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Medical Professional	<input type="checkbox"/>	Fire Department notified	<input type="checkbox"/>	OLCR notified – Date:
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	OLCR notified – Date:

Writer's Signature:

Printed Name & Title :