

## MVBCN Critical Incident Report Form

Agency Name: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Name of person completing this report \_\_\_\_\_

**Category of Incident:** (Check one) \*See Critical Incident Standard for definitions

- Client Suicide
- Attempted suicide
- Client death
- Allegation of client abuse or neglect
- Danger to Health and Safety
- Alleged homicide of or by client
- Police Intervention
- Other issue

Suicide, death or allegation of abuse of mentally ill adults is to be reported to the local county mental health program, which will investigate and report to the MHDDSD. Has this been done? \_\_\_\_

\_\_\_\_\_ **Completed and Attached checklist: MVBCN Regional Review of Client Deaths and Suicide Attempts (if applicable)**

**Describe the Clinical Picture Prior to the Event, & details of the Critical Incident:**

**Did your review include an assessment of the inclusion of natural supports in treatment planning?** (be ready to discuss at BCN) \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Date of Agency QMC Review** \_\_\_\_\_

Submit to MVBCN within 90 days of incident. If client was receiving care from multiple BCN agencies, notify the other providers of the incident and complete an interagency review prior to submission to BCN.

\*See definitions, Page 1-2, MVBCN Critical Incidents Standards

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