



Critical Incident **Notification** Form

Fax this form to BCN Quality Improvement Coordinator **within 7 days** of the Incident
Fax: 503-585-4989

Date of Report: _____ Member Medicaid ID#: _____

Agency Name: _____

Person Submitting Report: _____

Incident Date: _____ Incident Location: _____

Gender: M F Age: 0-12 13-18 19-25 26-49 50-65 66+

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: _____ |

Type of Incident (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Suicide* | <input type="checkbox"/> Danger of Health & Safety |
| <input type="checkbox"/> Attempted Suicide | <input type="checkbox"/> Medication Error Requiring Medical Intervention |
| <input type="checkbox"/> Allegation of Abuse or Neglect | <input type="checkbox"/> Police Intervention/Involvement |
| <input type="checkbox"/> Alleged Homicide of Member | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Alleged Homicide by Member | |
| <input type="checkbox"/> Non-natural Death (not suicide or homicide) | |

***NOTE:** Suicides of youth ages 0-24 (regardless of insurance coverage) must **ALSO** be reported to County mental health staff within 7 days to inform prevention and intervention activities.

Marion County	Phil Blea	503-361-2733
Polk County	Kerry Blum	503-623-9289

Describe the Critical Incident: _____