



# Aspire Behavioral Health & Counseling

## INCIDENT REPORT (Reportable Events)

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Employee: \_\_\_\_\_ Discipline: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Describe what happened in the incident (where, when, what, why, how): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions were taken and will need to be taken in order to provide services in a safe manner:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was this incident resolved – was medical care needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's response to the incident:  Complete Incident Report  Call CRISIS  Call 911  End Shift

Employee Signature: _____	Date: _____
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**For Office Use Only:**  
Supervisor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: _____	Date: _____
Clinical Director Signature: _____	Date: _____

LEVEL I INCIDENT (within 4 hours): <input type="checkbox"/>	LEVEL II INCIDENT (within 24 hours): <input type="checkbox"/>	Entered into EIS: <input type="checkbox"/> _____	Provided to HR: <input type="checkbox"/> _____
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Date Reported to Supervisor: \_\_\_\_\_ (Within 4-24 hours : If Not, Why): \_\_\_\_\_