

# CDDO OF BUTLER COUNTY

## *Critical Incident Report*

*All reports must be turned in within 24 hours after incident.*

Date:

Date of Incident:

Name of Person Served:

Social Security Number:

Was this person a

**Victim**

**Perpetrator**

**Other**

Residential Provider:

Day Service Provider:

TCM:

Individual completing this form:

Relationship to the individual involved:

**Type of Critical Incident:**

Subject to incident of ANE (potential physical harm, neglect, mental/emotional harm, sexual abuse, exploitation, or theft/exploitation of money or possessions)

Unexplained/unexpected medical urgency/mental health need or a reasonably preventable injury

Planned hospitalization or planned surgical procedure

Contact with Police or Security

Incident resulting in death

Informational purposes only

**Summary of the Incident:**

**Immediate action taken as a result of the incident:**

**Follow Up: (Dates and Narrative)**

*This form should be sent to Nicole Hall ([Nicole@cddobutlercounty.org](mailto:Nicole@cddobutlercounty.org)) and Jean Gray ([jean.gray@ks.gov](mailto:jean.gray@ks.gov))*