pennsylvania
DEPARTMENT OF HUMAN SERVICES

Bureau of Human Services Licensing
Incident Reporting Form

Type of Report: ☐ Initial ☐ Final ☐ Initial/Final

FACILITY INFORMATION

REGULATORY CHAPTER:
☐ 2380 ☐ 2390 ☐ 2600 ☐ 2800 ☐ 3800 ☐ 6400 ☐ 6500

NAME OF LEGAL ENTITY:

NAME OF LICENSED SETTING AS IT APPEARS ON LICENSE:

FACILITY ADDRESS:

LICENSE NUMBER:	PHONE NUMBER:

INCIDENT INFORMATION

DATE OF INCIDENT:	TIME OF INCIDENT: (AM / PM)	REGULATION # AND TYPE OF INCIDENT:
DATE INCIDENT REPORTED TO DEPARTMENT:		TIME INCIDENT REPORTED TO DEPARTMENT:

RESIDENT INFORMATION Complete for any incident relating to a specific resident(s).		PERSONS INVOLVED Example: Staff person, responding officer, etc.	
Name (Last, First)	**Date of Birth**	**Name (Last, First)**	**Job Title**

DESCRIPTION OF INCIDENT
(Attach additional pages as necessary.) Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.

FOLLOW-UP ACTION TAKEN
What action, if any, was initiated or is planned in response to the incident? Include any contacts made.

CONTACT INFORMATION

NAME OF PERSON COMPLETING REPORT:	TITLE:
CONTACT PERSON NAME:	TELEPHONE NUMBER: