

## UNUSUAL INCIDENT REPORTING FORM NARCOTIC TREATMENT PROGRAM

**Facility Name:** \_\_\_\_\_ **Facility #** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Nature of Incident :** \_\_\_\_\_

**Client(s) Involved** (use client I.D. #): \_\_\_\_\_

**Employee(s) Involved:** \_\_\_\_\_

**Witnesses** (use client I.D. #, if applicable): \_\_\_\_\_

**Detailed description of the incident:** (Must include the location of the incident and if applicable, provide the client(s) I.D.# sex, age, and admission date of client(s), where applicable).

**Staff Response/Action(s) Taken by Facility:**

**UNUSUAL INCIDENT REPORTING FORM  
NARCOTIC TREATMENT PROGRAMS**

**Detailed description of injuries sustained by staff and/or client(s) and any medical attention provided:**

**Staff completing  
form:** \_\_\_\_\_

**Title:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PLEASE SEND UNUSUAL INCIDENT REPORT AND ANY RELATED CORRESPONDENCE TO:  
EMAIL: [RA-DAAPI\\_DIVISION@PA.GOV](mailto:RA-DAAPI_DIVISION@PA.GOV) | FAX: (717) 265-8308**