

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:

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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 | FAX: (717) 265-8308**