



REPORTS SHOULD BE TYPED WHENEVER POSSIBLE.

1. **Consumer's Name:** Provide consumer's first and last name (no nicknames).
2. **Sex:** Check if male or female.
3. **UCI #:** Provide consumer's unique consumer individual number (UCI).
4. **Diagnosis:** Provide consumer's diagnosis.
5. **Date of Birth:** Provide consumer's date of birth.
6. **Date of incident:** Provide the date when incident occurred.
7. **Time of Incident:** Provide what time the incident occurred. If the time is approximate, write approx. after the time. If you do not know the time, write "unknown".
8. **Consumer's Residence:** Check the appropriate box to consumer's living situation.
9. **Facility Provider Responsible:**
 - a. **Facility:** If consumer resides in a facility please provide the name of the facility, name of responsible staff, complete address and phone number.
 - b. **Supportive Living:** If a consumer resides in supportive living, provide the supportive living agency name, address, telephone number and the name of the supportive living staff member who was responsible for consumer at the time of the incident.
 - c. **Parent/Family:** If consumer lives with a parent, family member or conservator please provide the name of the responsible person consumer is living with, complete address, and telephone number.
 - d. **Independently:** If a consumer lives independently please provide consumer's name, address, and telephone number.



10. **Type of Incident:** Check the boxes that apply for type of incident reporting on.
11. **Description of Incident:** When describing the incident make sure it includes the following information:
 - a. Who was involved with the incident?
 - i. If other consumers were involved please refer to them by using their initials or consumer #1, Consumer #2 etc., or UCI #'s.
 - ii. Provide first and last names of staff and their positions.
 - iii. Provide first and last names of representatives of other agencies and their title.
 - b. Where did the incident occur?
 - i. Describe the location of the incident, be specific.
 - c. When did the incident occur?
 - i. Provide the date and time of when the incident occurred.
 - ii. Provide the date and time of when you were notified of the incident and how you learned of the incident.
 - d. How did the incident occur?
 - i. Please provide what led up to the incident.
 - ii. Provide the detailed information of what took place.
 - e. Make sure the description makes sense to someone who was not at the incident and to someone who is not familiar with the consumer.
 - f. Include details as known, using objective language.
12. **Alleged Perpetrator:** Provide first and last name of alleged perpetrator.
13. **Location of Incident:** Check the appropriate box for the location where incident occurred.
14. **Agencies/Individuals Notified:** Check the box for all individuals that were notified of the incident and provide the following information:
 - a. First/last name and title of person contacted.



- b. Telephone number of person contacted.
 - c. The date and time the person was contacted.
15. **Medical Treatment Necessary:** Check whether the consumer received medical treatment. If they received medical treatment provide the following information:
- a. Location of the medical facility that consumer was treated at.
 - b. What was the name of the medical professional who treated consumer? (For example, Jonathon Jones, M.D. at Kaiser on Morse Ave.).
 - c. What is the follow up treatment?
16. **Law Enforcement:** If incident was reported to law enforcement then provide the following information:
- a. Which law enforcement agency was contacted? (For Example, Elk Grove Police Department, and Sacramento County Sheriff Department etc.).
 - b. Report number
 - c. Officer's name
 - d. Officer's telephone number
 - e. Comments
17. **Action Taken/ Planned:** Include person responsible, and how incident was resolved).
18. **What steps will be taken to prevent this incident from occurring again?**
19. **Vendor Reporting Incident:** Please provide the vendor name for person completing Special Incident Report (Name on approval letter).
20. **Staff Person Reporting Incident:** Provide first/last name of staff person completing report.
21. **Phone number:** Provide the telephone number of person completing report. This should be the number that staff can be reached if the SIR Desk has any questions about report.
22. **Vendor at Time of Incident:** If the vendor reporting the incident was not involved with the incident please provide the name of the vendor who was at the incident when it occurred.



23. **Staff Person in Charge at Time of Incident:** Provide the first/last name of staff that was in charge at the time of the incident.
24. **Vendor Number:** Provide the vendor number of the vendor reporting the incident.
25. **Date report Completed:** Provide the date that report was completed.
26. **Date of report submitted:** Provide the date the report was submitted to ACRC's SIR Desk.

Make sure the SIR is complete and has included all of the above information before you submit it to the SIR Desk. If the SIR Desk receives an incomplete SIR, they will contact the reporter of the incident and require they submit a new "complete" SIR.

Remember you have 48 hours from the time of incident to submit the SIR to the SIR DESK.

Please submit to: SIR DESK:

E-mail: sdesk@altaregional.org (preferred method)

Fax: (916) 978-6619

DUE TO TIMELINE REQUIREMENTS DO NOT MAIL OR DROP OFF SIRS!

