

SDS Critical Incident Report

Send form to hss.dsdsqa@alaska.gov or Fax to (907) 269-3690 within 72 hours of, or 3 business days after, a reportable incident or notice of such an incident. This report cannot substitute for mandatory reports to Adult Protective Services or the Office of Children's Service, or for required reports to other agencies.

A list of incidents requiring an SDS Incident Report follows. Please check all categories which describe the incident.

- | | |
|--|--|
| <input type="checkbox"/> Missing person | <input type="checkbox"/> Medication error requiring medical intervention |
| <input type="checkbox"/> Harm to self or others | <input type="checkbox"/> Law enforcement response |
| <input type="checkbox"/> Death of recipient | <input type="checkbox"/> Other |
| <input type="checkbox"/> Accident/incident with medical intervention | |

Recipient information

Name: _____
Date of Birth: _____ Medicaid Number: _____

Contact information

Date of this report: _____
Name of incident reporter: _____
Provider agency responsible for report: _____
Provider agency contact: _____
Telephone number: _____ Email: _____

Incident information (Please write "Not Applicable" where an item does not pertain to the incident.)

Date of incident: _____ Time of incident: _____

Location of incident (include address):

Names of individuals/staff involved in or witness to the incident:

Names of other agencies involved in the incident:

Describe the incident including circumstances or events leading to the incident:

