



## Critical Incident Report (CIR) Template

**\* Required-please ensure all required fields are completed.**

**\* PERSON RECEIVING SERVICES**

<i>First</i>	<i>Middle</i>	<i>Last</i>

\*Did the client report this incident?

**\* REPORTING AGENCY INFORMATION**

\* *Service Agency*

*Group Home Name/Address (if applicable)*

\* *Agency Contact Name*

*Agency Contact Phone Number*

*Agency Contact E-Mail*

**Staff/Witnesses/Natural Supports/Others Information**

*Others Involved/Witnesses*

*Role/Relationship*

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

**\* INCIDENT INFORMATION**

\* *Date of Incident*

\* *Time of Incident*

*Duration of Incident*

\* *Type of Incident*

\* *Incident Sub-Type*

\* *Report Date*

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**\* INCIDENT DESCRIPTION**



# Developmental Pathways

## CIR Template

**\*Location of Incident**      **\*Location Address**      **\*Name of Hospital-if applicable**

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**\*What can be done to prevent this from happening in the future?**

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**\* Why is this issue a risk to this person?**

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**\*Were any waiver services changed? If yes, please explain what changed.**

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**Restraint Used?**      **Type of Restrain**

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**Other Consumers Involved?**

**Is this incident linked to another?**

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**First Name**      **Middle Name**      **Last Name**

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**Other Information About This Person**

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### INVESTIGATION

**Investigation?**

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**Substantiated?**

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**Type?**

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**Recommendations/Action Plan regarding the Investigation**

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**\* Reported to CDPHE as an Occurrence? (For group homes)**

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### MORTALITY INFORMATION

**Circumstances Surrounding Death**

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**Autopsy Completed**

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**DNR Order?**

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# Developmental Pathways

## CIR Template

***Death Certificate Information***

*Time of Death*

*Cause of Death*

*Date Death Cert. Rec'd*

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