



Incident, Accident, Death Report Form

INSTRUCTIONS

1. Complete ALL sections of this form. Information provided must be either typed or printed.
2. Incidents, accidents and deaths, must be reported in writing to the TRBHA within two business days of the incident.
3. A verbal report should be made to the case manager and parent/guardian (or Tribal Social Service case worker) within 24 hours.
4. Submit written report via email to: GRBHSQI@grhc.org (not to the GRBHS Case Manager) using the secure system Zixmail at [https:// web1.zixmail.net/s/login?b=grhc](https://web1.zixmail.net/s/login?b=grhc); Please do not submit via fax unless the secure email is not working; call or email to announce that an IAD has been faxed; Gila River BHS QI Dept. Fax: (520) 550-6040; Gila River BHS QI Dept. Phone: (520) 550-6207, 6202, or 6377

MEMBER INFORMATION

Member Name

Date of Birth

Age

Gender

CIS ID

AHCCCS ID

Eligibility Status

Category

On COT at the time of the Incident

DDD

CMDP

Diagnoses	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name
	Code	Name

T/RBHA INFORMATION

T/RBHA

Assigned GSA

PROVIDER INFORMATION

Provider Name

License #

Phone Number

Provider
Address

Street

City

State

Zip Code

Date of Last
Visit With
Clinical Team

Date of Last Visit
With the BHMP or
PCP

INCIDENT INFORMATION

Date of Incident

Time of Incident
(i.e. 3:00 pm)

Date reported to the
provider

Location of the
Incident

Description of
the Incident

Type of Incident

*(select ALL
that apply)*

Suicide

Homicide (victim)

Accidental Death

Natural death

Death from unknown causes

Suicide attempt

Injury (includes self-injury) requiring emergency treatment

Injury as the result of personal, chemical, or mechanical restraint

Medication error/adverse reaction to medication requiring medical attention

Unauthorized Absence from a licensed facility, group home, or HCTC home of children or recipients under court order for treatment

Suspected or alleged criminal activity

Physical abuse

Neglect

Emotional abuse

Verbal abuse

Sexual Abuse

Discrimination

Exploitation

Coercion

Manipulation

Retaliation for submitting a complaint to authorities

Threat of discharge/transfer for punishment

Treatment involving denial of food

Treatment involving denial of opportunity to sleep

Treatment involving denial of opportunity to use the toilet

Use of restraint or seclusion as retaliation

Discovery that a client, staff member, or employee has a communicable disease

Health Care Acquired Condition (HCAC) (during inpatient hospitalization)

Other Provider Preventable Condition (OPPC) (during inpatient hospitalization)

Other

Members
Condition
Before & After
the Incident

Individuals who
Witnessed the
Incident

Description of
any Medical
Services
Received

Actions Taken
and/Or
Recommended

NOTIFICATIONS

Agency

- T/RBHA
- Arizona Center for Disability Law (ACDL)
- Police
- Adult Protective Services (APS)
- Child Protective Services (CPS)
- Case Management/Assigned CSP/Provider
- DES Case Worker
- Parent / Guardian/ TSS Case Worker
- Probation
- AHCCCS
- Other

PREPARER'S SIGNATURE

Name &
Credentials

Date

Signature

CLINICAL DIRECTOR REVIEW

Review of
Incident,
Actions Taken,
and/or
Recommended

Date Reported
to the T/RBHA

Name &
Credentials

Date

Signature

T/RBHA REVIEW

Referred for a Quality of Care (QOC) Investigation
