

# Association House of Chicago



1116 North Kedzie  
Chicago, Illinois 60651  
Tel: (773) 772-7170  
Fax: (773) 384-0560

## Incident Report Form

**Incident report forms must be completed within 24 hours of discovering or witnessing the event**

If incident involves a staff injury, also contact Human Resources to complete Form 45 (*Employer's First Report of Injury or Illness*) in addition to this form. If incident involves a DCFS ward, please complete the UIR (*Unusual Incident Report*) in lieu of this form.

Check box if law enforcement was contacted due to burglary and/or property damage; please attach police report.

CIRAS (*Critical Incident Reporting and Analysis System for individuals with developmental disabilities*)

[Link to CIRAS Form](#)

FOID (*Firearms Owners Identification*)

[Link to FOID Form](#)

Release of Liability (*if applicable*); please submit signed liability form to the PQI dept.

Date of Report:	Date of Incident:	Time of Incident:	AM	PM
-----------------	-------------------	-------------------	----	----

Name of individual(s) involved in incident (USE INITIALS if individual is a participant):

Relationship to Agency (*e.g., participant, staff, visitor, other*):

Contact information of individual involved in incident (*if not a participant*):

Witnesses (*if applicable*; USE INITIALS if individual is a participant):

Division:

Program:

Address where incident occurred:

Describe the incident:

Describe the interventions used to address the incident (*including First Aid or Medical Actions and Universal Precautions if applicable*):

Describe any precipitating factors and/or previous history of similar behavior *(if applicable)*:

Name of staff completing the report:

Signature of Staff Completing the report:

Supervisor / Manager: \_\_\_\_\_

Director: \_\_\_\_\_

PQI Director: \_\_\_\_\_

Vice President *(as needed)*: \_\_\_\_\_

President *(as needed)*: \_\_\_\_\_

Comments / Additional information not provided in incident narrative:

**Performance Quality Improvement Review** *(to be completed by PQI Department staff)*

1) Incident Required Notification of the following departments *(check all which apply)*:

- CFO *(Insurance Company)*
- Human Resources *(Workman's Compensation)*
- Facilities Director *(Risk Management)*
- President, Vice President, or designee *(Media Attention)*

2) Describe follow-up to incident:

3) Identified areas for improvement *(if applicable)*: