



Vermont Department of Disabilities, Aging & Independent Living

**Critical Incident Reporting Form**  
**Designated Agency or Specialized Services Agency Report**

The Department of Disabilities Aging & Independent Living (DAIL) is to be notified of any significant event that occurs in a Designated/Specialized Services Agency. For incidents of Untimely or Suspicious Death or Mission Person, a verbal report will be made within 24 hours from the agency’s knowledge of the incident to the DAIL 24-hour CIR Line, **802-241-2678**. Reports of Potential Media Involvement need to be made directly to the Developmental Disabilities Services Division (DDSD) Director/Adult Services Director (ASD) Quality & Provider Relations Director upon the Agency becoming aware of the incident.

This report form must be completed for all types of critical incidents, and be submitted to DDSD/ASD within 2 business days from the agency’s knowledge of the incident.

The form needs to be submitted by fax: **DDSD at 802 241-0410 ASD at 802-241-0385**

<b>Name of Individual involved:</b>	<b>Date of Incident:</b>
<b>Date of Birth:</b>	<b>Time:</b>
<b>Agency Name:</b>	<b>Location:</b>
<b>Program (check all that apply):</b> <input type="checkbox"/> DS <input type="checkbox"/> TBI <input type="checkbox"/> MFP <input type="checkbox"/> AFC	

**Type of incident:**

<input type="checkbox"/> Death: <input type="checkbox"/> Untimely/Suspicious <input type="checkbox"/> Natural	<input type="checkbox"/> Missing Person
<input type="checkbox"/> Potential Media Involvement	<input type="checkbox"/> Report of Abuse, Neglect, Exploitation/ Use of a Prohibited Practice
<input type="checkbox"/> Criminal Activity/Incarceration	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Seclusion Restraint: <input type="checkbox"/> Mechanical <input type="checkbox"/> Physical <input type="checkbox"/> Chemical	<input type="checkbox"/> Other (Includes Action by Paid Staff/Provider/Worker paid by DAIL funds:
<input type="checkbox"/> Suicide Attempt	

**Persons who witnessed or were involved in the incident:**

**Description of incident:** (What happened before, during and after the incident; identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident):

**Action(s) taken as a result of the incident:**

**Describe any planned follow up in response to the incident:**

**Persons and agencies notified:** (Include when and how notified. If an agency, name of staff to whom report given)

**Reporter's Name/Signature:**  
**Phone Number:** (REQUIRED)

**Date:**

**Supervisor review of Incident/comments:** (QDDP for DDSD) (CM/SC for MFP/AFC)

**Supervisor's Name/Signature:**

**Date:**