Critical Incident Reporting Form
Designated Agency, Specialized Services Agency or Authorized Agency Report
Vermont Department of Disabilities, Aging & Independent Living

The Department of Disabilities Aging & Independent Living is to be notified of a significant event that occurs in a Designated/Specialized Services Agency.

- For reports of Untimely or Suspicious Death or Missing Person, a verbal report will be made the following business day from the agency's knowledge of incident to the DAIL 24-hour CIR Line at 802-241-2678.
- Reports of Potential Media Involvement need to be made directly to the DDSD Director/ASD Quality & Provider Relations Director upon the Agency becoming aware of the incident.

For Individuals receiving services through DDSD: This reporting form must be completed for all types of critical incidents, and submitted by scanning/electronic upload via Globalscape, DAIL's Web Secure FTP site: https://gs-sftp.ahs.state.vt.us/EFTClient/Account/Login.htm, or faxed to DAIL within 2 business days from the agency's knowledge of the incident to DDSD at 802 241-0410.

For individuals receiving services through ASD: Critical incidents are submitted through the State's Aging & Disability (A&D) System (formerly known as SAMS). In the event the electronic system isn't available, this reporting form can be faxed to ASD at 802-241-0385.

Name of Individual involved:	**Date of Incident:**
Date of Birth:	**Time:**
Agency Name:	**Location:**
Program (check all that apply): ☐ DS ☐ TBI ☐ MFP ☐ AFC	

Type of Incident:

☐ Death: ☐ Untimely/Suspicious, ☐ Natural	☐ Missing Person
☐ Potential Media Involvement	☐ Report of Abuse, Neglect, Exploitation / Use of a Prohibited Practice
☐ Criminal Activity/Incarceration	☐ Medical Emergency
☐ Seclusion, Restraint: ☐ Mechanical ☐ Physical ☐ Chemical	☐ Other (Includes Action by Paid Staff/Provider/Worker paid by DAIL funds:
☐ 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)

Person Reporting, Name/Signature:

Date:

Phone Number (**REQUIRED**)**:**

Supervisor/QDDP (DDSD)/CM/SC (MFP/AFC) Review of Incident/Comments:

Supervisor/QDDP (DDSD)/CM/SC (MFP/AFC) Name/Signature:

Date: