

Behaviour of Concern Incident Report Form

COORDINATOR / DESIGNATE USE – FOLLOW UP

After the client has returned from tension reduction to their normal level write out any discussion (including any differences in the client's account of events from the staff member's account) **Do not leave blank.** If no discussion, why?

Client Signature _____

Date _____

Coordinator / Designate _____

BEHAVIOURAL REVIEW COMMITTEE USE ONLY

Specific Behaviour of _____
 Concern Being Rated: _____

This event was: Anticipated Unanticipated

Rate the Intensity (Consequence) of the Behaviour

5 ----- 4 ----- 3 ----- 2 ----- 1 Circle One

- 5: Catastrophic - Consequences extensive and irreversible; death or permanent disability; imminent lawsuit; financial and political ramifications for the agency
- 4: Major - Could result in end of service for client, charges laid and possible incarceration, loss of time injuries to others, possibility of lawsuits with financial and political ramifications for the agency, significant property or monetary loss
- 3: Moderate - Management and review of behaviour interventions, extensive repair or replacement to property, some monetary loss or damage to the agency's reputation, For Client: major soft tissue injury, social isolation, loss of job
- 2: Minor - Consequences could be dealt with at the frontline of support, nuisance injuries, inconveniences, delays, negative attention, straining of relationships, running out of funds, could be stressful to staff and other clients
- 1: Insignificant - Consequences dealt with through normal operations, are self-resolving or can be ignored without any additional programming or costs

Scale for Anticipated Reoccurrence

- 91% - 99% Almost Certain Event has occurred several times in the past and is expected to re-occur
- 66% - 90% Likely Event has occurred several times in the past and will probably re-occur
- 26% - 65% Conceivable Event has occurred in the past and may or may not re-occur
- 6% - 25% Rare First time event has occurred and may re-occur given exceptional circumstances
- 0% - 5% Unlikely First time event has occurred and is not likely to ever re-occur

Results of Behaviour

This behaviour resulted in: _____

We hypothesize that the function of this behaviour was: _____

RECOMMENDATIONS FOR PREVENTION OF FURTHER INCIDENTS: (are there any antecedents, consequences, reinforcers, etc. that we should note to monitor for future incidents)

MANAGEMENT REVIEW

Program Coordinator: _____ Date: _____

Program Director: _____ Date: _____

Executive Director: _____ Date: _____

CONTACT INFORMATION

If the incident required immediate contact or follow up with any of the following, please indicate the name of the contact and the time and date that the contact was made:

	Name	Notified	Date	Copy Sent	Date
Emergency Services:	_____				
Program Coordinator:	_____				
Program Director:	_____				
Executive Director:	_____				
Case Worker:	_____				
Parent/Guardian:	_____				
Caregiver:	_____				
Other (Please specify):	_____				