

PRSN INCIDENT REPORT FORM

Community Mental Health Centers must complete this form when reporting incidents related to persons with mental illness who have an open case with the RSN and who are the alleged victims or perpetrators of the events listed below.
Violent Act, per RCW, (*Act that results in charges or pending charged*).

RSN AND INCIDENT INFORMATION

Today's Date: _____ Date RSN was notified: _____ Reporting RSN: <u>Select</u>	Date of Incident: _____ Time of incident: _____ Location of incident: _____
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Name of Contacting Person: _____

Brief description of the incident:

TYPE OF INCIDENT

Incident Type: Select Violent Act (*that results in charges or pending charged*) If Other: _____

OTHER AGENCY/FACILITIES NOTIFIED/INVOLVED

Other Agencies notified: Select
 Other Agencies/Facilities involved: _____

CLIENT INFORMATION

Last Name:	First Name:
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INVESTIGATION INFORMATION (If required by Mental Health Division)

Date of Investigation: Email: Telephone:	Name of Investigator (facility/agency staff): Fax:
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FOLLOW-UP/CORRECTIVE ACTION INFORMATION (If required by MHD)

Date of Follow-up1: <input type="checkbox"/> Case closed Date case closed:	Follow-up1 action taken: <input type="checkbox"/> Referral required Agency of Referral: _____ Date of referral: _____
<input type="checkbox"/> Corrective Action Plan	Corrective Action taken:

Complete Incident Report form and fax to Toby Bingham, PRSN Coordinator.

Email: tbingham@co.kitsap.wa.us

Fax: (360) 337-5721

Mail: 614 Division St. Port Orchard WA 98366

MS: #23

Phone: (360) 337-4872