

**General Event Report**  
**Data Collection for Event: Restraint Related to Behavior**

**Profile Information**

Individual Name \* \_\_\_\_\_

Provider Name \_\_\_\_\_ Program Name \_\_\_\_\_

Entered By \_\_\_\_\_ Title \_\_\_\_\_

Report Date \* \_\_\_\_\_ Time Zone \_\_\_\_\_

**Event Information**

Event Date \* \_\_\_\_\_

If not at responsible program  Community  Home  Recreation/Leisure  Vehicle  School  
 Work  Family home visit  Unknown **If Other** \_\_\_\_\_

**Location Address**

Street 1 \_\_\_\_\_ Street 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Restraint Related to Behavior Information**

Begin Time \* \_\_\_\_\_ am / pm End Time \* \_\_\_\_\_ am / pm

End Date \_\_\_\_\_ Status \*  Emergency  PRC/HRC approved

Injury caused by Restraint ? \*  Yes  No

Monitoring, at least every 30 mins ? \*  Yes  No

Exercise, at least 10 mins every hour? \*  Yes  No

Person(s) Applying \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ am/pm

Note:- Required fields are marked with an asterisk (\*)



In Charge During \_\_\_\_\_

Person(s) Removing \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Restraint Trauma Check within 24 hrs by \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Restraint Summary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness 1 \_\_\_\_\_

Witness 2 \_\_\_\_\_

**General Information**

Abuse Suspected ?  Yes  No

Type of Abuse  Civil Rights Violation  Physical  Sexual  Emotional  Verbal  
 Psychological **If Other** \_\_\_\_\_

Neglect Suspected ?  Yes  No

Type of Neglect  Neglect by Responsible Provider **If Other** \_\_\_\_\_

Internal Report only ?  Yes  No **Notification Level \***  Low  Medium  High

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ am/pm

Note:- Required fields are marked with an asterisk (\*)



Reported By \* \_\_\_\_\_

Reporter's Relationship  Family  Self  Staff **If Other** \_\_\_\_\_  
to Individual

Notification Information

Person/Entity Notified*	Name of Person Notified	Date*/Time* of Notification	Notified By*	Method of Notification*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Corrective Action Taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan of Future Corrective Actions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Review/Follow-up Comments**

I have reviewed this report

Review/Follow-up Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photo  Attached Photo Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ am/pm

Note:- Required fields are marked with an asterisk (\*)