

GER Event Type - Other

***Event Type:**

- ☐ Accident no apparent injury ☐ Altercation ☐ Assault ☐ AWOL/Missing Person ☐ Behavioral Issue
☐ Change of Condition ☐ Complaint and/or Possible Litigation ☐ Contraband
☐ Displacement due to Emergency/Natural Disaster ☐ Documentation Error ☐ Exploitation
☐ Fall Without Injury ☐ Fire ☐ Hospital ☐ Inappropriate Alcohol/Drug Use ☐ Infestation
☐ Law Enforcement Involvement ☐ Misconduct/Possible Criminal Activity ☐ Out of Home Placement
☐ Potential Incident/Near Miss ☐ Property Damage ☐ PRN Psychotropic Use ☐ Security Breach
☐ Seizure ☐ Sensitive Situation ☐ Serious Illness ☐ Suicide ☐ Theft/Larceny Attempt
☐ Threatening Behavior ☐ Vehicular Accident
☐ Other If Other _____

☐ Altercation

*Event Subtype: ☐ Individual/Individual ☐ Staff/Individual ☐ Other If Other: _____
 Individual was: ☐ Aggressor ☐ Victim

☐ Assault

*Event Subtype: ☐ Aggressor ☐ Victim

Assault Type: ☐ Physical ☐ Sexual Was it against the Individual? ☐ Yes ☐ No

☐ Contraband

*Event Subtype: ☐ Drugs ☐ Manufactured Weapon ☐ Weapon of Convenience ☐ Other
 If Other: _____

☐ Fire

*Event Subtype: ☐ Accidental/Cause Unknown ☐ Attempted/Caused by Individual
☐ False Alarm/Caused by Individual ☐ False Alarm/Equipment Failure ☐ Minor/Smoke

☐ Hospital

*Event Subtype: ☐ Admission ☐ Ambulance Use ☐ ER w/o admission ☐ Re-admission
☐ Urgent Care

Department: ☐ Involuntary Psychiatric ☐ Medical ☐ Voluntary Psychiatric

☐ Inappropriate Alcohol/Drug Use

*Event Subtype: ☐ Alcohol ☐ Illegal Drugs ☐ OTC Medication ☐ Prescription Medication

Individual appeared impaired? ☐ Yes ☐ No

Did the Individual overdose? ☐ Yes ☐ No

☐ Misconduct/Possible Criminal Activity

By Whom: ☐ Family Member ☐ Guardian ☐ Individual ☐ Peer ☐ Provider ☐ Other

If Other: _____

☐ Out of Home Placement

*Event Subtype: ☐ Crisis Placement ☐ Development Center ☐ Hospice Facility ☐ Hospital ☐ ICF

☐ Jail ☐ Nursing Home ☐ Rehab ☐ Respite

☐ Property Damage

Actions Taken: ☐ No Action ☐ Repair ☐ Replaced

Is Individual owner of the item? ☐ Yes ☐ No

Damaged item name/description: _____

☐ Seizure

Seizure Duration Unit: ☐ Minute(s) ☐ Second(s) Has seizure diagnosis? ☐ Yes ☐ No

Seizure Duration: _____

☐ Suicide

*Event Subtype: ☐ Attempt ☐ Threat

☐ Theft/Larceny Attempt

*Event Subtype: ☐ Perpetrator ☐ Victim

*Event Time: _____ (AM/PM) ☐ Unknown

*This Event was: ☐ Observed ☐ Discovered

Discovered Date/Time: _____ (AM/PM)

Specific Location: ☐ Activity Area ☐ Bathroom ☐ Bedroom ☐ Dining Room ☐ Hallway ☐ Kitchen

☐ Living Room ☐ Outdoors ☐ Recreation Area ☐ Staircase ☐ Unknown ☐ Vehicle ☐ Other

If Other: _____

*Summary: _____

Witness(es)

Name	Title

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

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