

General Event Reports (GER)

Basic Information

Individual: _____ *Event Date: _____

Program: _____ *Report Date: _____

Site: _____ *Reported By: _____

*Reporter's Relationship to Individual:

Contractor Family Individual Staff Other If Other:

Event Basics

*Event Type:

Injury Medication Error Restraint Related to Behavior Restraint Other Death Other

Notification Level: Low Medium High

Location:

Community Home Recreation/Leisure Vehicle Work School Family home visit
 Unknown Program/Site Other If Other:

Address:

Street 1: _____ Street 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Describe what happened before the event: _____

Abuse/Neglect/Exploitation

*Abuse Suspected? Yes No

Type of Abuse: Civil Rights Violation Physical Sexual Emotional Psychological Verbal
 Mistreatment Other If Other: _____

*Neglect Suspected? Yes No

Type of Neglect: Neglect by Responsible Provider Questionable Clinical Practice
 Neglect by Parent/Guardian Other If Other: _____

*Exploitation Suspected? Yes No

Type of Exploitation: Emotional Exploitation Financial Exploitation Sexual Exploitation
 Social Exploitation Other If Other: _____

Actions Taken

Corrective Actions Taken: _____

Plan of Future Corrective Actions: _____

Notifications

*Person/Entity	*Name of Person Notified	*Notification Date/Time (AM/PM)	Notified By	*Method of Notification

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

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