

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 (*)