**Client Information:**

|  |  |  |
| --- | --- | --- |
| Client’s Name: | Sex:[ ]  Male [ ]  Female | UCI Number: |
| Date of Birth: | Date of occurrence: | Time of occurrence: |

**Location of the Occurrence:**

|  |
| --- |
| [ ]  Community Care Facility [ ]  Long-Term Health Care Facility (ICF/SNF) [ ]  Day Program [ ]  Job Site [ ]  Community Setting [ ]  Client’s Own Residence [ ]  Public School [ ]  Other: |
| Address:  |

**Description of Occurrence:**

|  |
| --- |
| Please describe the occurrence, including specific information leading up to the event, location, harm to client/others , persons involved, who was notified when and by whom, etc.: |

**Report submitted by:**

|  |  |  |
| --- | --- | --- |
| Report Submitted by: | Title: | Telephone #: |
| Agency Name: | Report submitted to: | Date Submitted: |

***Important Note:*** This Report should be submitted directly to the assigned ACRC Service Coordinator and not to the SIR Desk. This form should be used to report a type of occurrence which is listed on the Shared Information Sheet only.