



Concern & Incident Reporting Form

Instructions:

Use this form to report any concern or incident involving compliance, integrity, quality, safety, or conduct. Please complete all sections thoroughly.

Name of Reporter:

Position:

Supervisor:

Date of Incident: _____

Time of Incident: _____

Location: _____

☒ **Type of Concern** (check all that apply):

☐ Patient Complaint/Concern

☐ Employee Complaint/Concern

☐ Patient Fall/Injury

☐ Employee Fall/Injury

☐ Patient Safety

☐ Other: _____

Individuals Involved:



Detailed Description of the Incident or Concern:

Was this reported to anyone immediately? If so, who:

Actions Taken (if any):

Additional Comments:

Signature of Reporter: _____

Date: _____



Management Use Only

Investigation Details:

Corrective Action Taken:

Management Involved:

☐ Front Desk Manager

☐ COO/CEO

☐ Community Relations Director

☐ Clinical Manager

☐ Facilities Manager

Name(s):

Date Resolved: _____

Reporting Employee:

☐ Notified of Resolution

☐ Counseled on No Retaliation Policy

Other Involved Employee:

☐ Notified of Resolution

☐ Counseled on No Retaliation Policy

Documentation:

☐ Occurrence Documented and Filed Internally

☐ Occurrence Documented and Filed in Employee File

Report Completed By: _____

Date: _____

Notes: