

**ATTACHMENT A - Incident
Report**

Grant & Per Diem Incident Report

(Incident to be reported within 24 hours or 1st working day after event)

Name of Veteran _____ **Social Security** _____

Facility: _____ **Project #:** _____

Date: _____ **Time:** _____ **Location of the incident:** _____

Type of incident:

- | | |
|--|---|
| <input type="checkbox"/> Death (including suicide and overdose) (N) | <input type="checkbox"/> Fire (N) |
| <input type="checkbox"/> Sexual assault (L)
department/paramedic | <input type="checkbox"/> 911call (police/fire) |
| <input type="checkbox"/> Severe medical illness (L) | <input type="checkbox"/> Other medical illness |
| <input type="checkbox"/> Act of violence by veteran (L)
staff (L) | <input type="checkbox"/> Physical abuse to veteran by |
| <input type="checkbox"/> Injury to veteran by another resident (L)
(L) | <input type="checkbox"/> Verbal abuse of veteran by staff |
| <input type="checkbox"/> Verbal or physical abuse directed against staff (L) | <input type="checkbox"/> Accident: |
| <input type="checkbox"/> Drug/police raid (N) | <input type="checkbox"/> Medication problem (L) |
| <input type="checkbox"/> Veteran obtaining medications from multiple sources | <input type="checkbox"/> Medication not sent |
| <input type="checkbox"/> Veteran refusing to take medications as prescribed | <input type="checkbox"/> Missing medications |
| <input type="checkbox"/> Other (please specify) | |

Was incident seen? ☐ No Yes ☐

S. Actions taken:

- | | |
|---|--|
| <input type="checkbox"/> Veteran sent to VA emergency room/walk in clinic | <input type="checkbox"/> Veteran sent to non-VA facility |
| <input type="checkbox"/> Veteran arrested | <input type="checkbox"/> Veteran left facility independently |

☐ Veteran referred back to VA mental health care for f/u

☐ Veteran referred to community

☐ Veteran referred to case manager/liaison program

☐ Veteran discharged from

☐ No action taken

☐ Other (please specify)

Veteran transported to building 500 emergency room for further treatment

Telephone

☐ Liaison ☐ Program coordinator ☐ other (specify reason) Email

Report filed by: _____ *Title:* _____

Signature: _____ *Date:* _____

For VA completion only:

Follow up/Disposition: to be completed by VA liaison and attached to this report