

**CHOICISS**

348 E. Foothill Blvd. Arcadia Ca 91006  
 Phone: (626) 359-33000 Fax (626) 359-3325

**SPECIAL INCIDENT REPORT**

NAME DATE OF BIRTH: UCI # DATE OF INCIDENT:

TIME OF INCIDENT: LOCATION OF INCIDENT:

TYPE OF INCIDENT: (check applicable box(es))

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Unauthorized Absence/Missing Person | <input type="checkbox"/> Rape                          | <input type="checkbox"/> Injury from behavior episode      |
| <input type="checkbox"/> Aggressive act to self              | <input type="checkbox"/> Pregnancy                     | <input type="checkbox"/> Medical emergency/hospitalization |
| <input type="checkbox"/> Aggressive act to other             | <input type="checkbox"/> Other sexual incident/assault | <input type="checkbox"/> Theft                             |
| <input type="checkbox"/> Assault against consumer            | <input type="checkbox"/> Death                         | <input type="checkbox"/> Fire                              |
| <input type="checkbox"/> Alleged violation of rights         | <input type="checkbox"/> Suicide attempt               | <input type="checkbox"/> Property Damage                   |
| <input type="checkbox"/> Alleged consumer abuse              | <input type="checkbox"/> Injury - accident             | <input type="checkbox"/> Other (explain)                   |
| <br>   |  |  |
| <input type="checkbox"/> Sexual                              | <input type="checkbox"/> Financial                     |  |
| <input type="checkbox"/> Physical                            | <input type="checkbox"/> Neglect                       |  |
| <input type="checkbox"/> Psychological                       |  |  |
|  | <input type="checkbox"/> Injury - unknown origin       |  |
|  | <input type="checkbox"/> Injury from seizure           |  |
|  | <input type="checkbox"/> Injury from another           |  |

WRITTEN DESCRIPTION OF INCIDENT:

ACTION TAKEN: (IMMEDIATE ACTION, FOLLOW-UP, LONG TERM PREVENTION)

Contact Made With	Name	Telephone #	Fax #	Date:	Time:
Regional Center					
Other:					
Other:					
CHOICISS					

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\_\_\_\_\_  
 Name and Signature of Person Preparing Report

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name and Signature of Director

\_\_\_\_\_  
 Date