

## GER Event Type - Other

### Event Type:\*

☐ Accident no apparent injury 
 ☐ Alcohol/Drug Abuse 
 ☐ AWOL / Missing Person 
 ☐ Behavioral Issue 
 ☐ Change of Condition 
 ☐ Complaint and/or Possible Litigation 
 ☐ Exploitation 
 ☐ Fall Without 
 ☐ Law Enforcement Involvement 
 ☐ Possible Criminal Activity/Misconduct 
 ☐ Potential Incident/Near Miss 
 ☐ PRN Psychotropic Use 
 ☐ Property Damage 
 ☐ Security Breach 
 ☐ Sensitive Situation 
 ☐ Serious Illness 
 ☐ Threatening Behavior

#### ☐ Altercation

##### Event Subtype:\*

☐ Staff/Individual  
☐ Individual/Individual  
☐ Other

If

Other: \_\_\_\_\_

Individual was:

☐ Aggressor 
 ☐ Victim

#### ☐ Assault

##### Event

##### Subtype:\*

☐ Aggressor  
☐ Victim

#### ☐ Contraband

##### Event Subtype:\*

☐ Weapon on Convenience  
☐ Manufactured Weapon  
☐ Drugs  
☐ Other

If Other: \_\_\_\_\_

#### ☐ Fire

##### Event Subtype:\*

☐ Attempted/Caused by  
☐ Individual Minor/Smoke  
☐ Accidental/Cause Unknown  
☐ False Alarm/Equipment  
☐ Failure False Alarm/Caused by Individual

#### ☐ Hospital

##### Event Subtype:\*

☐ Admission  
☐ ER w/o admission

#### ☐ Suicide

##### Event Subtype:\*

☐ Attempt  
☐ Threat

#### ☐ Out of Home Placement

##### Event Subtype:\*

☐ Crisis Placement  
☐ Developmental Center  
☐ Hospice Facility  
☐ Hospital  
☐ ICF  
☐ Jail  
☐ Nursing Home  
☐ Rehab  
☐ Respite

#### ☐ Theft/Larceny Attempt

##### Event Subtype:\*

☐ Perpetrator  
☐ Victim  
☐ Other

If Other: \_\_\_\_\_

### Specific Location

☐ Activity Area 
 ☐ Bathroom 
 ☐ Bedroom 
 ☐ Dining Room 
 ☐ Living Room 
 ☐ Outdoors 
 ☐ Hallway 
 ☐ Kitchen 
 ☐ Recreation Area 
 ☐ Staircase 
 ☐ Unknown 
 ☐ Other

If Other: \_\_\_\_\_

Event Summary \_\_\_\_\_

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ am/pm

Note:- Required fields are marked with an asterisk (\*)