

General Event Reports (GER)

Individual Name _____
 Program Name _____
 Site Name _____

Entered By _____ Title _____
 Report Date _____ Time Zone _____

Event Information

Event Date _____
 If not at responsible program: Community Home Work
 Recreation/Leisure Family home visit Unknown
 Vehicle School Other _____

Describe what happened before the event: _____

Location Address

Same as program address
 Street 1 _____
 Street 2 _____
 City _____ County _____
 State _____ State _____
 Zip Code _____ Phone _____
 Fax _____

Add Event

Injury Medication Error Restraint Restraint Other
 Related to Behavior Death Other

General Information

Abuse Suspected?:* Yes No
Type of Abuse: Civil Rights Violation Physical Sexual
 Emotional Verbal Psychological Other _____
Exploitation Suspected?:* Yes No
Type of Exploitation: Emotional Exploitation Financial
 Exploitation Sexual Exploitation Social Exploitation
 Other _____

Neglect Suspected?:* Yes No
Type of Neglect: Neglected by Responsible Provider
 Questionable Clinical Practice Other _____
Notification Level:* Low Medium High
Reported By:* _____
Reporter's Relationship to Individual:* Family Self
 Staff Other _____

Person/Entity Notified	Name	Date/Time	Notified By	Method of Notification

Actions Taken or Planned

Corrective Plan of Action _____

Plan of future Corrective Action _____

Review/Follow Up Comments

I have reviewed this report

Review Comments _____

Photo Attached Photo Date _____

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....am/pm

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