

## Injury Connecticut DDS-IR-255 OH/Fam

State of Connecticut DDS-Incident Report -255 OH/Fam

**Injury:**

**Injured By Whom:**

Accident By Client  Other Client  Family Member  SIB  Staff  Unknown  Other

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

**Reporter Information:**

Entered In log book/notes?  Yes  No

**Supervisor Review:**

Team to Review?  Yes  No

Guardian/PRRP notified?  Yes  No

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

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