

Life Start Inc.
142 North High Street
Gahanna, OH 43230
Phone: 614 478-5448 Fax: 614 471-6912

COUNTY INCIDENT REPORTING FORM

Consumer Name: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Describe Incident (If restraint is used, include description and duration of the restraint and who did the restraint):

Describe Extent of Physical Injury:

Action Taken:

Preventive Action Taken:

Signature of Foster Parent

Date

Signature of Adult of Incident (Respite)

Date

Signature of Life Start, Inc. Representative

Date

Report the MUI/UI within two (2) hours as follows: call the office at 475-5305 Monday through Friday, 9a-5p. When the office is closed, call the answering service at 460-7441.
Revised 9/25/2008