



Miami County's Local Board of
Developmental Disabilities

Riverside Developmental Disabilities Incident Report

To Report an MUI call (937) 440-3001

Submit an Incident Report by 3:00 p.m. the next business day via:
Email: IR@riversidedd.org or Fax: (937) 332-3496
or Paper Copy to: Attn IA at 1625 Troy-Sidney Road, Troy, Ohio 45373

Individual's Name:		Individual's Date of Birth:		Individual's SSA:	
Individual's Address:					
Date Incident Occurred:			Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM		
Location of Incident (home in bathroom, at the mall, lunchroom at work, etc.):					
Category of the Incident (Please circle or select one):					
Accident or suspicious death	Medical emergency	Peer to peer-Theft	Self-injury	Significant injury	
Attempted Suicide	Medication error	Peer to peer-Verbal abuse	Sexual abuse		
Death (other than acc or sus)	Misappropriation	Physical abuse	Stealing		
Elopement	Missing individual	Physical aggression	Unapproved behavior		
Exploitation	Neglect	Power struggle	support		
Failure to report	Peer to peer-Exploitation	Prohibited sexual relations	Unscheduled hospitalization		
Fall	Peer to peer-Physical abuse	Property destruction	Verbal abuse		
Law enforcement	Peer to peer-Sexual abuse	Rights code violation	Verbal aggression		
			Other:		
Description of the Incident (Who, What, Where, When):					
Was There an Injury? (If so, describe type and be specific, take pictures if possible) Or Adverse Reaction? (For Medication Errors)			Location of Injury: <input type="checkbox"/> Head or Face <input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Back/Buttocks <input type="checkbox"/> Feet/Legs <input type="checkbox"/> Genitals <input type="checkbox"/> Neck or Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Hands/Arms		

Your Immediate Actions to Ensure Health & Welfare of the Individual:

Causes and Contributing Factors (or what was the individual doing at the time of the incident):

Preventative Measures to Prevent the Incident from Reoccurring:

Name of Alleged Person Responsible for Incident (PPI):	What is the PPI's Relationship to Individual?
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List Any Witnesses to the Incident:

Who Did You Notify?	Name	Date	Time
For MUIs: The following notifications must be made on the same day as the MUI was discovered.			
Guardian or Chosen Rep (notify first, if possible)			
SSA			
Provider			
SSA On-Call or IA (if MUI immediately or within 4 hours)			
Staff or Family Responsible for Individual's Care			

If any of the above are the PPI or the Alleged Person Responsible for Incident, do not notify

Other Notifications to be made (If Applicable):

Law Enforcement (name and agency)			
Children's Services			
Agency Nurse			
Behavior Support Specialist			
Other			

Name of Person Completing Incident Report:	Title:	Date:
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Further Medical or Administrative Follow-Up:

Completed by and Date: