



Non Sentinel Event Incident Report

Date Report Completed: _____ Completed by: _____

Type of Event: (Check all that apply)

- Client/family member complaint about caregiver
- Client complaint about office staff
- Caregiver complaint about client/family member
- Caregiver complaint about office staff

Date Complaint Lodged: _____ Complaint Made By: _____

Clients Involved: _____

Employees Involved: _____

Location of Complaint: _____

Time of Complaint: _____

Other Persons Involved: _____

Details of Complaint:

Response about complaint from Complainee:

Next Steps: Email this report to the Marketer and Administrator. Follow up with a phone call to Marketer.

Enter this information in the Schedule Notes and Activities sections of the client record.

To Be Completed by Marketer or Administrator

Name of Staff Member Completing Resolution: _____

Details of Resolution:

Was procedure followed by staff? YES NO Do you agree with details of incident? YES NO

Did caregiver follow company policy? YES NO Is disciplinary action warranted? YES NO

If no, which policy was violated? _____

Does the violation warrant initiation of Client Protection Assurances? YES NO

Details of next steps to be taken:

Initial Reporter Signature: _____ Date: _____

Marketer/Administrator Signature: _____ Date: _____

Enter resolution details in the Activities of the client record. Make a copy for the client file and the caregiver file.
Put original in Incident and Complaint Log.