

Reportable Client Event Form

Client Name: _____

Date of Event: _____ Time of Event: _____

Exact Location of Event: _____

Person Reporting Event: _____ Relationship to Client: _____

Contact Information: _____

Other Witnesses to Event: _____

Related Service/Visit

- | | |
|-------------------------------|---------------------------------|
| Blood Pressure Clinic | Meals on Wheels |
| Brokered Home Help | Medical Equipment Program |
| Brokered Home Maintenance | Office Visit |
| Diners' Club | Personal Distress Alarm |
| Drop-In | Personal Support Services |
| Exercise and Falls Prevention | Supported Referral Coordination |
| Foot Clinic | Telephone Reassurance |
| Friendly Visiting – In Home | Transportation - Accessible |
| Friendly Visiting – Telephone | Transportation - Volunteer |
| Home First | Wellness and Fitness |
| Home Visit | Other |

Type of Event

- | | |
|-------------------------------|-----------------------------------|
| Abuse/Suspected Abuse/Neglect | Injury |
| Assault | Medication Issue |
| Critical or Sudden Illness | Missing Client/Not Seen Not Found |
| Damage Issue | Missing Money/Property |
| Falls, Slips, and Trips | Unexpected Death |
| Harassment | Other |

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Event Details

Describe in detail what happened, who was involved, and actions taken or observed:

How Event was First Reported to CCP:

Phone Call Voicemail On-Call Number E-mail Text Message Dropped In

Date 1st Reported: _____

Time Reported: _____

Reported to: _____