

Maryland State Department of Education
Division of Rehabilitation Services
Workforce & Technology Center
WTC Incident Report

Staff must complete this form to report an incident involving a consumer, visitor, or volunteer of the Workforce and Technology Center. Submit it to the WTC Risk Manager, Michele Pinto, RN.

Consumer ☐ Visitor ☐ Volunteer ☐

Person Involved: _____

Center Counselor / Case Manager: _____

Type of Incident:

- | | | |
|---|---|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Medication error | <input type="checkbox"/> Unauthorized use/possession of legal or illegal substances |
| <input type="checkbox"/> Aggression or violence | <input type="checkbox"/> Neglect | <input type="checkbox"/> Use of restraint |
| <input type="checkbox"/> Biohazardous accident | <input type="checkbox"/> Other patient safety event | <input type="checkbox"/> Use of seclusion |
| <input type="checkbox"/> Communicable disease | <input type="checkbox"/> Overdose | <input type="checkbox"/> Use/possession of weapons |
| <input type="checkbox"/> Elopement | <input type="checkbox"/> Search | <input type="checkbox"/> Vehicle accident |
| <input type="checkbox"/> Infection control | <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Wandering |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Suicide threat or attempt | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medical emergency | | |

Details of Incident:

Date: _____ Time: _____

Describe what happened in detail (include where the incident occurred, witness(es) and statement(s) when appropriate):

Signature of Staff Person Completing Form: _____

Date: _____ Date form received by Risk Manager: _____

[illegible]

Date

Police ☐ Fire ☐ Ambulance ☐

[illegible]

Date

Debriefing:

Debriefing by Administrative Services Team completed on _____

Present at the debriefing: _____

Comments/Recommendations from debriefing:

Signature of WTC Risk Manager

Date

Preventative Action:

Preventative Action to be completed by _____
with deadline of _____.

Signature of WTC Staff Assigned Preventative Action

Preventative Action Completed Date

Comments/Recommendations from WTC Director/Program Manager:

Signature of WTC Director/Program Manager

Date