Therap® | Person-Centered. Data-Driven.®

General Event Reports (GER)

Basic Information

Individual: _____ *Event Date: _____
Program: _____ *Report Date: _____
Site: _____ *Reported By: _____

***Reporter's Relationship to Individual:**
☐ Contractor ☐ Family ☐ Individual ☐ Staff ☐ Other If Other: _____

Event Basics

***Event Type:**
○ Injury ○ Medication Error ○ Restraint Related to Behavior ○ Restraint Other ○ Death ○ Other

Notification Level: ☐ Low ☐ Medium ☐ High

Location:
☐ Community ☐ Home ☐ Recreation/Leisure ☐ Vehicle ☐ Work ☐ School ☐ Family home visit ☐ Unknown
☐ Program/Site ☐ Other If Other: _____

Address:
Street 1: _____ Street 2: _____ City: _____
Zip: _____ State: _____ Country: _____ Phone: _____
Fax: _____

Describe what happened before the event: _____
_____
_____
_____
_____
_____

Abuse/Neglect/Exploitation

***Abuse Suspected?** ○ Yes ○ No
Type of Abuse: ☐ Civil Rights Violation ☐ Physical ☐ Sexual ☐ Emotional ☐ Psychological ☐ Verbal
☐ Mistreatment ☐ Other If Other: _____

***Neglect Suspected?** ○ Yes ○ No
Type of Neglect: ☐ Neglect by Responsible Provider ☐ Questionable Clinical Practice ☐ Neglect by Parent/Guardian
☐ Other If Other: _____

***Exploitation Suspected?** ○ Yes ○ No
Type of Exploitation: ☐ Emotional Exploitation ☐ Financial Exploitation ☐ Sexual Exploitation ☐ Social Exploitation
☐ Other If Other: _____

Actions Taken

Corrective Actions Taken: _____

_____
_____
_____
_____
_____

Plan of Future Corrective Actions Taken: _____

_____
_____
_____
_____
_____

Notifications

Person/Entity	Name of Person Notified	Notification Date	Notification Time(AM/PM)	Notified By	Method of Notification

SIGNATURE…….…….…….. **NAME**…….…….…….. **DATE**…..…….. **TIME**……..…am/pm

Note: Required fields are marked with an asterisk (*)