GER Event Type - Other

***Event Type:**
☐Accident no apparent injury ☐Altercation ☐Assault ☐AWOL/Missing Person ☐Behavioral Issue
☐Change of Condition ☐Complaint and/or Possible Litigation ☐Contraband
☐Displacement due to Emergency/Natural Disaster ☐Exploitation ☐Fall Without Injury ☐Fire ☐Hospital
☐Inappropriate Alcohol/Drug Use ☐Infestation ☐Law Enforcement Involvement
☐Misconduct/Possible Criminal Activity ☐Out of Home Placement ☐Potential Incident/Near Miss ☐Property Damage
☐PRN Psychotropic Use ☐Security Breach ☐Seizure ☐Sensitive Situation ☐Serious Illness ☐Suicide
☐Theft/Larceny Attempt ☐Threatening Behavior ☐Vehicular Accident ☐Other If Other _____

☐Altercation
***Event Subtype:** ☐Individual/Individual ☐Staff/Individual ☐Other If Other: _____
Individual was: Aggressor ○Victim

☐Assault
***Event Subtype:** ☐Aggressor ☐Victim
Assault Type: ☐Physical ☐Sexual **Was it against the individual?** ○Yes ○No

☐Contraband
***Event Subtype:** ☐Drugs ☐Manufactured Weapon ☐Weapon of Convenience ☐Other If Other: _____

☐Fire
***Event Subtype:** ☐Accidental/Cause Unknown ☐Attempted/Caused by Individual ☐False Alarm/Caused by Individual
☐False Alarm/Equipment Failure ☐Minor/Smoke

☐Hospital
***Event Subtype:** ☐Admission ☐Ambulance Use ☐ER w/o admission ☐Re-admission ☐Urgent Care
Department: ☐Involuntary Psychiatric ☐Medical ☐Voluntary Psychiatric

☐Inappropriate Alcohol/Drug Use
***Event Subtype:** ☐Alcohol ☐Illegal Drugs ☐OTC Medication ☐Prescription Medication
Individual appeared impaired? ☐Yes ☐No **Did the individual overdose?** ○Yes ○No

☐Misconduct/Possible Criminal Activity
By Whom: ☐Family Member ☐Guardian ☐Individual ☐Peer ☐Provider ☐Other If Other:_____

☐Out of Home Placement
***Event Subtype:** ☐Crisis Placement ☐Developmental Center ☐Hospice Facility ☐Hospital ☐ICF ☐Jail
☐Nursing Home ☐Rehab ☐Respite

☐Property Damage
Action Taken: ☐No Action ☐Repair ☐Replaced **Is Individual owner of the item?** ○Yes ○No
Damaged item name/description: _____
_____

☐**Seizure**

Seizure Duration Unit: ☐Minute(s) ☐Second(s) **Has seizure diagnosis?** ○Yes ○No

Seizure Duration: _____

_____

☐**Suicide**

***Event Subtype:** ☐Attempt ☐Threat

☐**Theft/Larceny Attempt**

***Event Subtype:** ☐Perpetrator ☐Victim

***Event Time:** _____(AM/PM) ☐Unknown **This Event was:** ○Observed ○Discovered

Discovered Date/Time: _____(AM/PM)

Specific Location:

☐Activity Area ☐Bathroom ☐Bedroom ☐Dining Room ☐Hallway ☐Kitchen ☐Living Room ☐Outdoors

☐Recreation Area ☐Staircase ☐Unknown ☐Other If Other: _____

***Summary:** _____

_____

_____

_____

_____

_____

_____

Witness(es)

Name	Title

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

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