The Department of Mental Health must be notified of a critical incident that occurs in a Community Mental Health Organization. An abbreviated notification must be made **within 1 business day** **for anything that may involve media** to the DMH Quality Team at [AHS.DMHQuality@vermont.gov](mailto:AHS.DMHQuality@vermont.gov) or **802-241-0090**. This form’s information must be sent to the Department of Mental Health **within 2 business days** of the event via secure email to [AHS.DMHquality@vermont.gov](mailto:AHS.DMHquality@vermont.gov).

If you need a secure fax line, please use: **802-560-5162.**

|  |  |
| --- | --- |
| **Client Name**: | **Incident Date:** |
| **Date of Birth** | **Incident Time:** |
| **Agency:** | **Location:** |
| **Last Date of Service:** | **Date agency was made aware (if different from the incident date):** |

**Program Assignment:**  CRT  Adult Outpt.  Youth/Family  Emergency  Other:

**Type of event:**

|  |  |
| --- | --- |
| Criminal activity involving law enforcement | Untimely or suspicious death |
| Abuse, neglect, or exploitation | Natural death of a client |
| Medical emergency/Serious injury | Missing person |
| Serious injury or death caused by client | Medication error |
| COVID-19 outbreak in congregate care setting | Duty to warn |
| Other: | |

**Is there potential media involvement for this incident?**

|  |  |
| --- | --- |
| Yes | No |

**Persons who witnessed or were involved in the incident:**

**Description of incident** (identify precipitants, interventions used by staff to attempt to prevent/manage the event, and description of behaviors observed during the event):

**Action(s) taken because of the incident**:

**Mandated report made:**

Yes  No

**Describe any planned follow up in response to the incident**:

**Persons and agencies notified** (include when and how notified)

**Person reporting**:       **Phone number or email:**