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 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.

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:**