



# Aspire Behavioral Health & Counseling

## Reportable Events Log

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Employee: \_\_\_\_\_ Discipline: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Describe what happened in the incident (where, when, what, why, how): \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

What actions were taken and will need to be taken in order to provide services in a safe manner:

---

---

---

---

---

---

---

---

How was this incident resolved – was medical care needed: \_\_\_\_\_

---

---

---

---

---

---

---

---

Supervisor's response to the incident: \_\_\_\_\_

---

---

---

---

---

---

---

---

Employee Signature:	Date:
Supervisor Signature:	Date:
Clinical Director Signature:	Date:

**For Office Use Only:**

LEVEL I INCIDENT (within 4 hours):

LEVEL II INCIDENT (within 24 hours):

Entered into EIS:

Initials:

Date Reported to

Supervisor: \_\_\_\_\_ (Within 4-24 hours : If Not, Why): \_\_\_\_\_