CUYAHOGA COUNTY
Board of Developmental Disabilities

1275 Lakeside Ave. E, Cleveland, OH 44114
MUI INTAKE REPORTING LINE: (440) 333-6841
E-MAIL: uir@cuyahogabdd.org

Incident Report

Individual's Name:		Date of Birth:
Individual's Address:		City/County:
Incident: Date:	Incident Time: ☐ a.m. ☐ p.m.	Location:

Description of Incident (Who, What, Where, When):

☐ **Check if Additional Page(s) are Attached**

Describe Type and Location of any Injuries:

Describe Immediate Actions Taken to Ensure Health & Welfare:

Name(s) of Primary Person Involved (PPI):	Relationship to Individual:
Witnesses to Incident: **(Attach IR Witness Statements):**	**Others Involved:**

NOTIFICATIONS

		Name	Date	Time
☐	**Guardian/Advocate**			
☐	**Support Administrator**			
☐	**Licensed/Certified Provider**			
☐	**Family Caregivers**			
☐	**Law Enforcement**			
☐	**Children's Services**			
☐	**Other (Specify)**			

Report Completed by (please print):	Date:
Signature:	