

# Abuse, Suicide, Intent to Harm Report/High Risk Report

Date of Report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ AM/PM

Name of Client: \_\_\_\_\_

Employee: \_\_\_\_\_

Program: \_\_\_\_\_

Factual Report of Incident:

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Immediate Action Taken (including persons, agencies, law enforcement, parents/guardian notified, if appropriate):

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Follow-Up Information:

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Administrative Staff Notified:

\_\_\_\_ Yes      \_\_\_\_ No      Time: \_\_\_\_ AM/PM

Report Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

Send copy to Division Director