Step-By-step Critical Incident Log

# Risk Management Fax: 505-892-6348

|  |  |  |
| --- | --- | --- |
| Date Received | DATE OF INCIDENT | Date of Log |
|  |  |  |
| Incident Reported By: | Name: |  |
|  |  |  |
| Provider/Staff Information: | Address | Telephone |
| Name: |  |  |
| Client Information: | Address | Telephone |
| Name: |  |  |
|  |  |  |
| Description of Incident: |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of Staff Accepting The Report | Address | Telephone |
| Name: |  |  |
| Risk Management | Log Received | Service Date |
| Comments: |  |  |
| Action Taken: | Person(s) | Date Notified: |
| Breach of Confidentiality | YES | NO |
| Description: |  |  |
|  |  |  |