ARIEL CLINICAL SERVICES
Incident Report

Client Name:	**Foster Home:**
Incident Date:	**Incident Time:** **am☐ pm☐**
Date Reported:	**Location of Incident:**

Type of Incident (check all that apply):

☐3rd Party Abuse
☐Sexual Incident
☐Injury - no medical tx
☐Urgent Medical - non-admitted
☐Urgent Mental-non-admitted
☐Aggression Child/Adult
☐Destruction of Property
☐Drug/Alcohol
☐Tantrum/Deregulation
☐Self Injurious Behavior
☐Theft
☐Aggression Child/Child
☐Runaway

☐ **Other:**

ALL INCIDENTS MUST BE REPORTED IMMEDIATELY TO THE ARIEL CASE MANAGER OR ON-CALL STAFF PERSON.

In all descriptions include who, when, where and what happened.

People Present:	**Person Notified & Time:**

Describe incident in detail, including place, time and action taken:

Describe the child's physical, emotional and behavioral condition during the incident:

Describe the child's physical, emotional, and behavioral condition following the incident:

Describe any discussion and evaluation with the child after the incident:

Completed by:	**Date:**

Office use only

Comments/Follow Up:

Reviewed by:_____**Date:**_____