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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Incident Report** | | | |
| Any incident that involves VR customer, staff, or the visiting public must be reported. An incident is an unusual or unexpected event that compromises or may compromise the health or safety of individuals or the security of property. For information on Incident Reporting, refer to [SFP 3.2.11 Incident Reporting](https://www.twc.texas.gov/partners/vocational-rehabilitation-standards-providers-manual)      **Instructions:**   1. Complete all sections of the form electronically. 2. Record “N/A” (not applicable) if the information or a question does not apply.   3. Submit completed form to Regional Quality Assurance Specialist (Q) or Regional Program Support Specialist (RPSS) within ten business days of the incident.    **Note:** In addition to filing an incident report, thecontractor must notify the VR counselor as soon as possible, but within three business days of the incident. | | | | | |
| **Contractor Information** | | | | | |
| **Contractor Name:** | | | | **Contract Number:** | |
| **Customer Case ID** (if applicable): | | | |  | |
| **Form Completed by:** | | | | **Title:** | |
| Type of Incident | | | | | |
| Incident involves or is related to (check all that apply): Breach of confidentiality  Fraud, abuse, misconduct, or waste  Data breach  Lost or stolen property  Risk to health and safety of VR customers, staff or visiting public  Allegations of incidents of abuse, neglect, or exploitation Emergency evacuations  Emergency medical services and/or Emergency Room Treatment  Injury  Hospitalization  Death  Other: | | | | | |
| Description of Incident | | | | | |
| Incident Date: | | | Time of Incident: | | |
| **Date incident reported to VR counselor:** | | | |  | |
| **Date Incident Report (this form) submitted to Q or RPSS:** | | | | | |
| Location: | | | | | |
| List Witnesses and Phone #, if any: | | | | | |
| **Did incident involve injury?  Yes or  No** | | | | | |
| Describe the incident: (who, what, where, when, how, and why): | | | | | |
| Reports to Other Agencies | | | | | |
| Check the box for all other agencies to whom a report was made. Check all that apply. | | | | | |
| Police | Fire | | | | EMS |
| TWC Fraud Reporting (refer to [SFP 3.2.8 Fraud, Abuse, Misconduct, and Waste](https://www.twc.texas.gov/partners/vocational-rehabilitation-standards-providers-manual)) | | | | | |
| Investigatory Agency (refer to [SFP 3.2.10.1 Reporting to Investigatory Agencies](https://www.twc.texas.gov/partners/vocational-rehabilitation-standards-providers-manual)) | | | | | |
| Department of Aging and Disability Services | | | Department of Family Protective Services | | |
| Department of State Health Services | | |  | | |
| Other: | | | | | |
| Description of Report | | | | | |
| Date reported: | Time of Report: | | | | Report/Case #: |
| Agency contact person (or law enforcement officer): | | | | | |
| Phone #:       what was reported | | | Email: | | |
| Information included in the report: | | | | | |
| Date reported: | Time of Report: | | | | Report/Case #: |
| Agency contact person (or law enforcement officer): | | | | | |
| Phone #:       what was reported | | | Email: | | |
| Information included in the report: | | | | | |
| Date reported: | Time of Report: | | | | Report/Case #: |
| Agency contact person (or law enforcement officer): | | | | | |
| Phone #:       what was reported | | | Email: | | |
| Information included in the report: | | | | | |
| Form Submission | | | | | |
| Submit completed form to Regional Quality Assurance Specialist (Q) or Regional Program Support Specialist (RPSS). For email address of Q or RPSS, refer to [Subject Matter Experts List](https://www.twc.texas.gov/files/partners/vr-subject-matter-experts-list-twc.docx). . | | | | | |