

Significant Incident Investigation Report Form

For providers only.

Fax 215-685-5564 or email DBHIDS.SignificantIncidents@Phila.gov.

1. Individual Information

1a. Name:

1b. Date of Birth:

1c. SS# or CIS#:

1d. Address:

Complete sections 2 to 4 unless already provided in the Significant Incident Report

2. Incident Information

2a. Incident date:

2b. Discovery date:

2c. Name of agency where incident occurred:

2d. Type of Incident

Individual

Site

2e. Address:

3. Reporting Agency Information (if different from where incident occurred)

3a. Name:

3b. Address:

4. Incident Category

4a. Indicate type of incident (check all that apply):

Death of the individual receiving services regardless of cause

Homicide: intentional or unintentional killing of one individual by a service recipient or within 30 days of discharge

Suicide attempt with or without medical attention

Adverse medication reaction and/or medication error leading to consequences requiring treatment

Emergency Services: any event requiring emergency intervention (fire, EMS, or law enforcement), including fires, floods, property damage, crimes, acts of violence, vandalism, or theft

Overdose Reversals

Abuse allegation or suspicions of abuse towards or by a service recipient (physical, psychological, sexual, exploitation)

Neglect due to failure to provide necessary services, care, or protection required by law or contract

Non-Routine injury or illness requiring medical treatment beyond first aid or any outbreak of a reportable infectious disease per Department of Health (DOH) guidelines

Emergency Department Visits, Urgent Care Visits, or Inpatient Admissions – ER visits or inpatient admissions related to non-routine health events or service availability issues

Missing Person – An individual absent without prior arrangement for over 24 hours or sooner if deemed to be in immediate jeopardy. Any case involving law enforcement is reportable

Seclusion or restraints (physical, mechanical, and/or chemical)

Other (e.g., significant interpersonal conflicts between service recipients, staff, or community members that could impact care; system failures or service disruptions affecting recipient care; discovery of contraband; etc.)

4b. If Other, please specify:

5. Investigation

This section must be completed twice during the investigation process:

- First within 14 days from the submission of the Significant Incident Report, and
- Again within 30 days from the submission of the Significant Incident Report.

Please continue the same form for the final submission at 30 days as new findings become available, updating and expanding on your first submission at 14 days.

14-day Preliminary DBHIDS Investigation Report

- Provide a summary of the incident and all available facts at the time of completion.
- Document initial actions taken to ensure safety, compliance, or mitigation.
- Note any interviews, record reviews, or evidence collected thus far.
- Identify any immediate corrective actions already implemented or pending.
- If applicable, briefly describe safety measures to protect the victim from further impact.
- Outline next steps or planned follow-up actions to be addressed in the 30-day report.

5a. Investigation start date:

30-day Final DBHIDS Investigation Report

Revisit this same form to update and expand upon your 14-day submission.

- Incorporate new information or findings that emerged since the preliminary investigation.
- Summarize completed investigative activities, including interviews, document reviews, or analysis.
- Provide a final assessment or conclusion based on all available evidence.
- Document any corrective or preventive actions taken or planned as a result of the findings.
- Confirm whether the issue is resolved or requires ongoing monitoring.

5b. Investigation end date:

5c. Were referrals to other agencies made?

Yes

No

5d. If so, what agency were they referred to?

If additional space is needed, please attach any additional documents to the submission.

6. Incident Summary: Describe Incident and Actions Taken During the Incident

Preliminary Report

Final Report

7. Please describe the actions taken to protect the individual (Describe administrative, health/safety, treatment, and targeted individual actions to address the incident to date including supports offered)

Preliminary Report

Final Report

8. Were victim(s) and/or perpetrator(s) identified during the investigation? Include their names, titles (if applicable), and their relationship to the incident. If the victim(s) and/or perpetrator(s) are DBHIDS members, include their demographic information.

Preliminary Report

Final Report

9. Testimonial Evidence: Were any witnesses to the incident identified? Include name(s), title(s), date(s), location(s), and how they were identified. If no witnesses were identified, skip question 10.

Preliminary Report

Final Report

10. Testimonial Evidence: If witness interviews were completed, provide a brief summary of each interview. Include the name and title of each person interviewed, along with the date, time, and location of the interview (specify whether it was in person, remote via videoconference, or telephonic).

Preliminary Report

Final Report

11. Testimonial Evidence: If any witness interviews were attempted but not completed, please explain why.

Preliminary Report

Final Report

12. Testimonial Evidence: Provide a list of all testimonial statements collected during the investigation. Include details such as how statements were recorded and whether documentation includes the required elements (date, time, location, name, and title of the person providing the testimony).

Submit all documented statements to DBHIDS.SignificantIncidents@Phila.gov. Include the name of each file below.

Preliminary Report

Final Report

13. Documentary Evidence: Describe the records reviewed (including the types of documentation) and their relevance to the investigation. Records may include clinical, administrative, or business records; correspondence; video/audio recordings; billing records; service delivery documentation; staff conduct reports; safety practices; relevant policies; or applicable regulations.

Submit all relevant documents to DBHIDS.SignificantIncidents@Phila.gov. Include the file name and a brief explanation of each document's relevance below.

Preliminary Report

Final Report

14. What investigative actions has the provider taken so far?

Preliminary Report

Final Report

15. Are additional investigative steps needed? If yes, please specify the required actions, including dates and names of support team members contacted.

Preliminary Report

Final Report

16. Summarize what you have learned during the investigation, including factual findings supported by evidence.

Preliminary Report

Final Report

17. Describe how the testimonial and documentary evidence reviewed supports your findings. Include references to specific interviews or documents.

Preliminary Report

Final Report

18. What corrective actions have been or will be implemented in response to the incident, including any modifications to the individual's plan?

Preliminary Report

Final Report

19. State your determination(s) regarding the allegation(s) or concern(s) for the Preliminary Report. Indicate whether it is substantiated, unsubstantiated, or inconclusive. Please include a summary of the rationale for your determination, including key evidence or reasoning that informed your decision.

Preliminary Report

Final Report

Signature:

Date:

For internal use only – Unique ID #: