City of Philadelphia
Department of Behavioral Health and Intellectual disAbility Services
DBHIDS Quality Management and Compliance (QMaC) Unit

City of Philadelphia
DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH and INTELLECTUAL disABILITY SERVICES
DBHIDS.ORG

Significant Incident Report Form

For providers only.
Fax within 24 hours 215-685-5564 or email DBHIDS.SignificantIncidents@Phila.gov.

1. Type of Service ☐ Mental Health: ☐ Substance Abuse: ☐ Other:

2. Location of Incident ☐ Residential (e.g. LTSR, RTF): _____ ☐ Outpatient ☐ Inpatient ☐ Partial Hospital Program
☐ Other Day Program (e.g. clubhouse): _____ ☐ Other (e.g. TCM, private residence): _____

3. Service Recipient Information

3a. Name: **3b. Date of Birth**: **3c. SS# or CIS#**:

3d. Address:

4. Incident Information

4a. Incident date and time: **4b. Discovery date and time:** **4c. Name of agency where incident occurred:** **4d. Type of Incident**
☐ Individual ☐ Site

4e. Address:

4f. Witnesses to the incident:

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

5a. Name:

5b. Address:

6. Information about the person filing report

6a. Name: **6b. Title:** **6c. Phone:**

6d. Address:

7. Incident Category

7a. Indicate the category of the 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.

☐ 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.

☐ Overdose Reversals.

☐ 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.).

7b. If Other, please specify:

8. Incident Summary (include factors, status, injuries, and medical condition if applicable):

9. Description of corrective actions taken to prevent recurrence:

10. Pending investigation? ☐ Yes ☐ No *(All pending investigations should be submitted to DBHIDS with written findings within 14 days of event)*

11. Persons notified of the incident (check all that apply)

☐ Psychiatrist
☐ Family
☐ Significant Other
☐ ICM ☐ RC ☐ D&A CM ☐ CTT
☐ BHSI
☐ Police
☐ Fire Dept.
☐ DHS
☐ ChildLine
☐ Other

12. Signature of person completing report: **13. Date**:

For internal use only – Unique ID #: