GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
OFFICE OF THE DIRECTOR/RISK MANAGEMENT

RM ID #

Do not write in this space

UNUSUAL INCIDENT (UI) REPORT

PART 1 - REPORTED BY:

1 **Person first Reporting Incident:** _____

a. **Title/Position:** _____

b. **Phone Number:** _____ c. **Date Reported:** _____ d. **Time Reported:** _____

2 **Person Reporting Incident to Risk Manager:** _____

a. **Title/Position:** _____

b. **Phone Number:** _____ c. **Date Reported:** _____ d. **Time Reported:** _____

3 **Administration, Division, etc.** _____

PART 2 - TYPE OF INCIDENT:

4 **Type of Incident:** _____

5 **Date of Incident:** _____ **Time of Incident:** _____

6 **Location/Place of Incident:** _____

7 **Person(s) Involved:** _____

PART 3 - DETAILS OF INCIDENT:

8 **(What, How, Why):**

PART 4 - ACTION(S) TAKEN AND BY WHOM

9

PART 5 - (FOR RISK MANAGEMENT USE)

10 **Person Receiving Report:** _____

11 **Reviewed By:** _____

12 **Reported To:** **Director** _____ **Chief of Staff** _____

Thru: _____ **(Either Check or Specify Name)** _____

Date Reported: _____ **Time Reported:** _____

Note: If necessary, attach separate sheet for additional information.

DOH (4/30/03)