

**Monterey County Health Department
Special and/or Unusual Incident Form**

Reporting Agency/Program and telephone number	Name of Employee(s) Involved	<u>Address/Location of Incident</u>	Date of Incident	Date of Report
Brief Description of Incident (time, place, circumstances)				
Brief Description of Injuries, Property Damage, Fatalities				
Brief Description of other(s) involved				
Names or Description of witness(es)				
List of responding agencies				
Publicity of Incident				
Action(s) taken to maintain safety and security of work site				
Action(s) Planned				
Attachments				
Report Submitted by (print and Sign):			Date:	
Supervisor (Signature)			Date:	
Division Chief (Signature)			Date:	
County use only:				
HD Admin only: A copy of this report will be sent to and verbal notification was made to:				
County Counsel	Date/Time:	Name of Contact:		
CAO/HR	Date/Time:	Name of Contact:		
Department Head	Date/Time:	Name of Contact:		
Beta Healthcare Group	Date/Time:	Name of Contact:		
Director of Health (Signature)	Date/Time:	Date:		

CONFIDENTIAL Attorney/Client Privilege (When Completed)

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Special and/or Unusual Incident Form
*For Community Providers***

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Beta Healthcare Group	Date/Time:	Name of Contact:		
Director of Health (Signature)	Date/Time:	Date:		

▶ Fax

Date _____

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From:

Program:

Phone:

Fax:

To:

- Mental Health Director's Office (831) 755-4980
- Quality Improvement Manager's Office (831) 831-755-4350

Regarding: Special Incident Report

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97 Comments:

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Was the Critical Incident Stress Management (CISM Team) Contacted for a debriefing? Yes No