



Unusual Incident Report

DATE OF REPORT	DATE OF INCIDENT
DCYF OFFICE	
AGENCY CONTACT'S NAME	
AGENCY PHONE NUMBER (WITH AREA CODE)	

VISITATION AGENCY		FAMILINK CASE NAME		FAMILINK CASE NUMBER
DCYF WORKER'S NAME		FAMILINK CASE NAME		FAMILINK CASE NUMBER

Who was involved?

NAME	CHILD AND AGE	PARENT	VISIT SERVICE WORKER	VISITATION AGENCY SUPERVISOR	FOSTER PARENT / CAREGIVER	OTHER AND ROLE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Incident Narrative

Action Taken by Visit Agency	Original Notification to CA	
<input type="checkbox"/> None – Information Only <input type="checkbox"/> Visit Agency Supervisor intervention <input type="checkbox"/> DCYF case worker consulted during visit <input type="checkbox"/> DCYF Centralized Intake called <input type="checkbox"/> 911 called <input type="checkbox"/> Other (please describe):	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
	DCYF STAFF INCIDENT REPORTED TO:	
	PHONE NUMBER	EMAIL ADDRESS
	METHOD OF CONTACT <input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Email	