

**Wayne County Board of Developmental Disabilities**  
**Unusual Incident Report Form**

**ENROLLEE NAME** \_\_\_\_\_ (separate UIR for each Enrollee involved)

**ENROLLEE ADDRESS** \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ **Time** \_\_\_\_\_ **Location** \_\_\_\_\_

**Full Name of Staff/Witness(es) Present:** \_\_\_\_\_

**Initials (only) of other Enrollee(s) involved:** \_\_\_\_\_

**Description of the unusual incident (who, what, where, when, how). Please be specific as to facts of the incident. What was occurring before the incident? :** (PLEASE PRINT LEGIBLY)

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**Immediate/Corrective Action by UIR Reporter:**

\* If restraint is used, complete Restraint Log and attach to UIR.

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**Printed Name of Reporter:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Reporter:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Nursing Review/Treatment:** \_\_\_\_\_

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**Signature of Nurse:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Contacts Made: (Write Legibly)**

**County Brd. SSA (Name)** \_\_\_\_\_ **Notified by** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Via:** \_\_\_\_\_  
Initials Verbal/Voice Mail/E-Mail

**County Brd. IA (Name)** Darlene Pido, Investigative Agent **Notified by** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Via:** \_\_\_\_\_  
Initials Verbal/Voice Mail/E-Mail

**Guardian/Provider(Name)** \_\_\_\_\_ **Notified by** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Via:** \_\_\_\_\_  
Initials Verbal/Voice Mail/E-Mail

**Other** \_\_\_\_\_ **(Name)** \_\_\_\_\_ **Notified by** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Via:** \_\_\_\_\_  
Initials Verbal/Voice Mail/E-Mail

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**cc:**

☐ Safety Committee

☐ SSA Director

☐ Residential Provider

☐ Transportation Department

☐ Parent / Guardian

☐ Service Coordinator

☐ Superintendent

☐ Nurse

☐ Physical Therapy

☐ Occupational Therapy

☐ Speech Therapy

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

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Mark Area(s) affected

The diagrams show the following affected areas:

- Head:** Left side (L).
- Hands:** Left hand (L) and right hand (R).
- Feet:** Right foot (R) and left foot (L).
- Torso:** Front view shows the right arm (R) and left arm (L). Back view shows the left arm (L) and right arm (R).