TRI-KO INC.

CDDO
CRITICAL INCIDENT REPORT

CDDO TREND TRACKING SUMMARY

Name of Individual: _____

Reporter: _____

Targeted Case Manager: _____ **Agency:** _____

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

Type of Incident:

ANE Report	*Medical Report*	*Law Enforcement Report*
☐ Abuse, Physical	☐ Hospitalization	☐ Suspect/Arrest
☐ Abuse, Emotional	☐ ER Visit	☐ Victim
☐ Abuse, Sexual	☐ Mental Health	☐ Contact/Warning
☐ Neglect	☐ Death	
☐ Exploitation		☐ Other

Place of Incident: 407 N. 3rd Street, La Cygne, Kansas 66040

Type of Place:

☐ Group Home	☐ Individual's Home	☐ Community
☐ SL Apartment	☐ Day Services	☐ Other

Perpetrator(s): _____

Staff Involved: _____

Individuals Involved: _____

APS/CPS Notified? ☐ Yes ☐ No **Date call made:** _____

Brief Summary:

** Attach additional documents if necessary*
**Submit to CDDO Director within 48 hours of incident*