# FACILITY INCIDENT REPORT – 24 Hours

**INSTRUCTIONS:**

**HAS THIS BEEN REPORTED TO THE COMPLAINT HOTLINE?** ☐ No ☐ Yes Date Reported: / /

1. Submit this completed form, *Facility Incident Report – 24 Hours* (BHCS-LTC-362), by fax/mail to the following address **within 24 hours** of the discovery of all alleged or possible resident mistreatment, neglect, abuse or injury of unknown source, or misappropriation of property to:
   Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Care Services
   Facility Complaint and Investigation Section, Complaint Investigation Unit; P.O. Box 30664, Lansing, MI 48909
   Telephone Number (517) 241-4712 Fax Number: (517) 241-0093
   For facilities served by the Gaylord Office use fax number: (989) 705-1388
2. Submit a *Facility Investigation Report – 5 Working Days* (BHCS-LTC-363) form detailing the incident and investigation **within five (state) working days** of the incident.

## FACILITY INFORMATION

| | |
|---|---|
| Facility Name: | |
| Address: | Administrator/Contact Name: |
| City, State, Zip: | Daytime Telephone Number: ( ) |

## RESIDENT INFORMATION (if resident involved)

| | |
|---|---|
| Name: | Date of Birth: (Mo./Day/Yr.) / / |
| Last Known Address: (including room number) | Daytime Telephone Number: ( ) |
| Diagnosis: | |
| Was the resident injured in the incident? ☐ No ☐ Yes If YES, what was the injury? | |
| Is the resident able to give a statement? ☐ No ☐ Yes | What is the resident's current status? |

## SUMMARY OF INCIDENT (Attach additional sheets if necessary. No. of pages attached _____)

Please describe what occurred including the location of incident, names and titles of involved staff and witnesses and information about alleged perpetrator(s) if applicable:

| WHEN DID IT OCCUR? | | DATE/TIME DISCOVERED OR REPORTED? | |
|---|---|---|---|
| Date: / / | Time: ☐ AM ☐ PM | Date: / / | Time: ☐ AM ☐ PM |

## REPORT PREPARED BY:

I hereby attest that the information provided above is true to the best of my personal knowledge.

| Name (Printed): | Signature: | Date: / / |
|---|---|---|



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