



Multnomah County Quality Management Critical Incident Report

Provider Name: _____ Address: _____

Person(s) Involved: _____ Age: _____ Witnesses: _____

Date of Incident: _____ Time: _____ AM/PM

Type of Incident: ☐ Personal Injury ☐ Assault ☐ Property Harm/Theft

☐ Threats/Intimidation ☐ Exploitation ☐ Financial ☐ Sexual

Was any injured? ☐ Yes ☐ No Who: _____

Describe injury: _____

Action taken: _____

Who was notified: ☐ Quality Management ☐ Police ☐ Supervisor
☐ Call Center ☐ Physician ☐ Family/Guardian
☐ 911 ☐ Verity/Member Services ☐ Other Staff
☐ Other (Name) _____

Follow-up: ☐ Yes ☐ No Describe: _____

Reporting staff signature: _____ Date: _____

Supervisor comments: _____

Supervisor signature: _____ Date: _____

Sent to: _____ Quality Management at Multnomah County Date: _____

Phone: 503-988-5464 Ext. _____ Fax: 503-988-5870, 421 SW Oak Avenue, Suite 520, Portland, OR 97204