

Resident Physical Altercation Incident Report Form

Note: This form is designed for printing and manual completion. Please fill out all fields as accurately and objectively as possible.

1. General Incident Information

Date of Report:

Date of Incident:

Time of Incident:

Exact Location of Incident (e.g., Dining Room, Room 102, West Hallway):

2. Individuals Involved

Resident A

Full Name:

Room Number:

Resident B

Full Name:

Room Number:

Witnesses

Staff Witness Name(s) and Title(s):

Resident Witness Name(s):

3. Description of Incident

Antecedents / Triggers (What happened immediately prior to the physical contact?):

Description of physical contact (Specify actions: pushing, punching, grabbing, etc.):

Injuries Observed on Resident A (State 'None' if applicable):

Injuries Observed on Resident B (State 'None' if applicable):

4. Immediate Interventions & Notifications

How were the residents separated? (e.g., verbal redirection, physical intervention):

Was medical treatment or evaluation required? (Yes/No and Details):

Physician Notified (Name, Date, and Time):

Resident A Family/Representative Notified (Name, Relationship, Date, and Time):

Resident B Family/Representative Notified (Name, Relationship, Date, and Time):

Facility Administration Notified (Name, Title, Date, and Time):

5. Reporter Information and Signatures

Name of Person Completing Report:

Title / Role:

Signature (Sign after printing):

Date of Signature: