

## MHI Type 1 Incident Investigation Report

This form is to be used by the mental health institute (MHI) investigator to prepare the written report of the investigation into all type 1 incidents and by the Incident Review Committee to determine appropriate actions needed as a result of the investigation. See 3-A-Appendix for instructions.

<b>I. Basic Information</b>	
Investigation Report	
Investigation number	ID number
Name of alleged victim <input type="checkbox"/> Adult <input type="checkbox"/> Child	Ward
Date incident allegedly occurred	Time alleged incident to have occurred
Date/time reported to supervisor	Date/time reported to superintendent
Location of incident	
Date/time reported to DHS	Reported to
Date/time investigation assigned	Date investigation completed <input type="checkbox"/> Check if Addendum
Name and title of primary investigator assigned	
Description of the incident	
Names of alleged perpetrators	
Names of persons reporting the incident	
Immediate protections implemented	
Date/time of medical assessment	
Immediate actions taken with alleged perpetrators	
Names of all witnesses (employees, volunteers, contractors, individuals, others)	

Type of incident (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Alleged abuse                      | <input type="checkbox"/> Elopement   |
| <input type="checkbox"/> Physical                           | <input type="checkbox"/> Suspicious injury   |
| <input type="checkbox"/> Sexual                             | <input type="checkbox"/> Injury resulting from restraint   |
| <input type="checkbox"/> Verbal                             | <input type="checkbox"/> Suicide attempt   |
| <input type="checkbox"/> Mental or psychological            | <input type="checkbox"/> Individual physical or sexual assault of another individual   |
| <input type="checkbox"/> Neglect or denial of critical care | <input type="checkbox"/> Other incidents in which an initial Type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse |
| <input type="checkbox"/> Exploitation                       | <input type="checkbox"/> Other incident assigned for investigation by the Superintendent or Deputy Director  |
| <input type="checkbox"/> Serious injury                     |  |
| <input type="checkbox"/> Death                              |  |
| <input type="checkbox"/> Suspicious                         |  |
| <input type="checkbox"/> Unexpected deaths                  |  |

## II. Investigative Procedure

### A. General Information

1. *List the dates and times the investigator visited the site of the incident.*
2. *List the persons with whom the investigator spoke at that site.*

### B. Collecting Physical Evidence

1. *Describe the manner in which the scene of the incident, if any, was secured.*
2. *List each piece of physical evidence collected and where kept after collection.*
3. *List any pictures that were taken.*

### C. Interview Evidence

1. *List all persons interviewed in chronological order, including name, title, date and time, and type of interview (e.g., face-to-face, telephone).*
2. *Report the questions asked and answers given of all individuals identified in II.C.1.*

3. *List the person or persons, if any, identified as the target or targets of the case.*
4. *Describe the way in which the investigator afforded the target or other witnesses any right to representation if such rights exist by contract or other regulation or by law.*
5. *For any person identified in II.C.3., note whether the person had been suspended pending the investigation, whether any such person was reinstated during the course of the investigation and the reason for the reinstatement. If no one was suspended, please explain.*
6. *List any previous investigations that were reviewed as relevant to determine the circumstances, the veracity of witnesses, or corrective actions to be proposed.*

**D. Documentary Evidence**

1. *List any statements taken from individuals interviewed in the case. (This may be noted, for convenience, on the list identified in II.C.1., above.)*
2. *List any other documents collected in this case.*

<b>III. Analysis and Recommendations</b>
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- A. **Was the incident as reported? If type modified, explain.**
- B. **What impact did the incident have on the health and safety of the individual? Explain.**
- C. **Was a cause of the incident identified? Explain.**
- D. **Did employees respond appropriately to protect the health and safety of the individual? Explain.**
- E. **Was the incident reported in a timely manner? If not, explain.**

**F. Is a corrective action plan required? If no, explain. If yes, describe including:**

1. *The corrective action required.*
2. *Which employee is responsible for developing the corrective action plan.*
3. *Which employee is responsible for implementing the corrective action plan.*
4. *Dates by which corrective action is to be developed and implemented.*

**G. Is this incident a part of a pattern of incidents involving this individual or the employees?**

**H. Other recommendations? Specify.**

\_\_\_\_\_  
Incident Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

#### **IV. Superintendent Review**

- A. Was the review of the incident appropriate and complete?**
- B. Was appropriate action taken to protect the health and safety of the individual?**
- C. Was the incident reported and the review done in a timely manner? If no, explain.**
- D. Was the determination of need or no need for corrective action appropriate?**
- E. Was a clinical or interdisciplinary team review required? If yes, was it completed?**

**F. Is this incident a part of a pattern of incidents involving this individual or the employees?**

**G. Recommendations for further actions needed.**

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

<b>V. Superintendent's Approval</b>
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- ☐ Approved
- ☐ Approved as modified (explain):
- ☐ Return for further investigation

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date