

Resident(s) involved:	Date:
Time Administrator was notified:	
Description of Incident:	
Date reported to Guardian/ POA:	Time reported to Guardian/POA:
Reportable Incident: \square YES \square NO	
If yes, date reported on FLARES:	
Date reported to law enforcement:	Time reported to law enforcement:
Law enforcement case number:	
Investigator Name:	
	Time reported to Adult Protection:
Person in Adult protection that incident was repo	orted to:



Resident Statement		
Resident Signature:	Date:	
<u> </u>		
Person writing resident's statement:	Date:	



Staff Statement	
Staff Signature:	Date:
Staff printed name:	

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Witness Statement	
Witness Signature:	Date:
Witness Printed Name:	



Investigation
Measures implemented immediately to protect resident from harm:
Results from Adult Protection investigation:
Law enforcement investigation:

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investigation of Incident:	
Witness Signature:	_ Date:
Witness Printed Name:	



Time guardian/ POA was notified of investigation conclusion:
Date guardian/ POA was notified of investigation conclusion:
Person reporting conclusion to POA:
Time resident was notified of investigation conclusion:
Date resident was notified on investigation conclusion:
Person reporting conclusion to resident: