

Office of Licensure

REPORTABLE INCIDENT FORM

Submit form to your Regional Office of Licensure

East Tennessee	Phone: 865-594-6551	Fax: 844-340-4482	Email: LicensureEast.fax@tn.gov
Middle Tennessee	Phone: 615-532-6590	Fax: 615-532-7856	Email: LicensureMiddle.fax@tn.gov
West Tennessee	Phone: 901-543-7442	Fax: 844-844-5538	Email: LicensureWest.fax@tn.gov

Report Date: _____	Reporting Person: _____
Agency Name: _____	Title: _____
Facility Phone #: _____	Contact #: _____
	Email Address: _____

Service Recipient: _____ Gender: ____ D.O.B: _____

Service Recipient: _____ Gender: ____ D.O.B: _____

Service Recipient: _____ Gender: ____ D.O.B: _____

Date of Alleged/Suspected Incident: _____ Time of Alleged/Suspected Incident: _____

Date Incident Became Known to Staff: _____ Time Incident Became Known to Staff: _____

Location of Alleged/Suspected Incident: _____

Name of staff involved, if allegation against staff: _____

SS# of staff involved, if allegation against staff: _____

If allegation against staff, must submit background check, abuse registry check, and sexual abuse registry check.

Staff-Patient ratio at time of incident if incident occurred in a residential facility: _____

Detailed Description of Incident: Attach additional page(s) if necessary.) **Check here if additional page(s) attached.** *(Please ensure font size is reader-friendly.)*

Notifications Already Made By Licensee:		
<input type="checkbox"/> Adult Protective Services (APS)	Name or Ref #: _____	Date: _____
<input type="checkbox"/> Child Protective Services (CPS)	Name or Ref #: _____	Date: _____
<input type="checkbox"/> OTHER Agency: _____	Name or Ref #: _____	Date: _____

