

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: _____ <i>(as listed on license)</i>	Title: _____
Facility Phone #: _____	Contact #: _____
Agency Address: _____	Email Address: _____

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

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

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

Date and time of alleged/suspected incident: _____

Date and time incident became known to staff: _____

Location of alleged/suspected incident: _____

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

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

Staff Name: _____	SS#: _____	DOB: _____
Staff Name: _____	SS#: _____	DOB: _____

Detailed Description of Incident: Check if additional page(s) attached.

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: _____

