

UNUSUAL OCCURRENCE NOTIFICATION
CONFIDENTIAL
DO NOT PHOTOCOPY – DO NOT PLACE IN MEDICAL RECORD

Forward to Member Services Resolution Officer (MSRO) via Supervisor as soon as possible
Serious Event: Also call Behavioral Health Director at 274-9101

Client Visitor Staff Volunteer

Name of staff reporting event: _____

Date of Occurrence: _____ Time: _____

Behavioral Health Site/Location: _____

Briefly describe event/occurrence:

Describe effects of occurrence on the client/visitor/staff:

Other persons with knowledge of occurrence:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Follow-up action taken:

Signature of staff completing form: _____

Reviewed by Supervisor		Date:	
Reviewed by MSRO:		Date:	

MSRO's Comments:

Serious Event (*elevate to Behavioral Health Director*)

Reviewed by Director: _____ Date: _____

Director's Comments: