



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
CHILD & FAMILY SERVICES AGENCY  
UNUSUAL INCIDENT (UI) REPORT**



**PLEASE PRINT CLEARLY**

**PART I – REPORTED BY**

- |                                             |                                   |
|---------------------------------------------|-----------------------------------|
| 1. Person first Reporting Incident: _____   |                                   |
| a. Name of Facility: _____                  |                                   |
| b. Title/Position: _____                    | Telephone #: _____                |
| d. Date Reported: _____                     | Time: _____ AM or PM (circle one) |
| 2. Person /Reporting Incident to: _____     |                                   |
| a. Title/Position: _____                    |                                   |
| b. Date Reported: _____                     | Time: _____ AM or PM (circle one) |
| 3. Program Director Receiving Report: _____ |                                   |
| a. Date Reported: _____                     | Telephone #: _____                |
|                                             | Time: _____ AM or PM (circle one) |

**PART II – TYPE OF INCIDENT**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 4. Child(ren)'s Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| 4. Type of Incident: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| (Abscondence/Runaway, Personal injury/Accidental; Assault with specify injury; Assault without injury; Verbal threat involving staff; Verbal threat involving other children; Theft; Destruction of property; Arrest of child; Sexual assault by staff; Sexual assault of staff by a child; Sexualized behavior among residents – Consensual/Not Consensual; Contraband – drugs, alcohol or weapons; Medical – seizures, etc.; Threat – specify; Suicidal- specify; Skipped/Trouble school – specify; Arrived past curfew from school; Creating Fire Hazard/Setting; Vandalism – specify; Resident ill; Other – specify) |                                |
| 5. Date of Incident: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Time: _____ AM/PM (circle one) |
| 6. Facility Name/Location/Place of Incident: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |
| 7. Person(s) Involved: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
| 8. Date of Birth of Person(s) Involved: _____ Age _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |
| 9. Gender of Person(s) Involved: <input type="checkbox"/> Female <input type="checkbox"/> Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |
| 10. Race: <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |

**PART III – DETAILS OF INCIDENT - *If necessary attached a separated sheet for additional information***

11. What happened (What, When, How, Why):
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**PART IV – ACTION (S) TAKEN BY WHOM (REQUIRED) - *Provide Full Name & Title of ALL persons contacted/faxed, i.e. House Manager; Director; Social Worker, Monitor, Inspector, Police's name, badge & report #; Hotline, Guardian Ad Litem, etc.***

- 12.
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**PART V – (FOR INTERNAL AFFAIRS DIVISION USE):**

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|---------------------------------------------------------|------------|
| 13. Investigator Receiving Report: _____                | UI # _____ |
| 14. Reviewed by: _____                                  |            |
| 15. Reported to: Director: _____ Deputy Director: _____ |            |
| Through (specify name(s)): _____                        |            |
| 16. Date/Time Reported: _____                           |            |

\_\_\_\_\_  
Staff Reporting Incident/Title/Date

\_\_\_\_\_  
Program Director/House Manager Reviewing Incident/Title