

CSPPPD Incident Report (OBRA)

Consumer Name (Last, First, MI)	Social Security Number	Type of incident
Provider	Event Date (MM,DD,YY)	Event Time
Location of Incident	OSP Notification Date	PP&A/DOH Notified/Date & Time

Description of the Incident (Who, What, When, Where, Why and how):
(use additional pages if more space is needed)

Investigative Action (Management Employee)

Resolution (Supervisor or Management)

Recommendation(s) for Prevention of Reoccurrence: (Management Employee)

Signature of Witness/Discoverer: _____

Date: _____

Supervisor Signature: _____