

Medical emergency the program to call "911," a mental health crisis intervention team, or a similar mental health crisis intervention team, or a similar mental health response team or service when available and appropriate against another person service (see 245D.02, subd. 11 for severity)   Unexpected serious illness Maltreatment of a minor severity)   Significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization Maltreatment of a vulnerable adult Sexual activity between person served*   An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department Emergency use of manual restraint (complete the EU) Incident Report form)	Program or person served:		
Serious injury* Any mental health crisis that requires the program to call '911," a mental health crisis intervention team, or a similar mental health crisis intervention team, or a similar mental health response team or service when available and appropriate Conduct by a person serve against another person serve against another person serve (see 245D.02, subd. 11 for service when available and appropriate   Unexpected serious illness Maltreatment of a minor Serual activity between person served involving force or coercion   Idlness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization Maltreatment of a vulnerable adult restraint (complete the EU incident Report form) department   A person's unauthorized or unexplained absence from a program Emergency (state specific unexplained absence from a program)   Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman.   Data of incident: Time of incident:   Unexpected the incident and emergency including the effect on the person (delete unused rows)	hone: Addre	ss:	
Medical emergency the program to call "911," a mental health ergons team or similar mental health response team or service when available and appropriate against another person services when available and appropriate   Unexpected serious illness Maltreatment of a minor severity)   Significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization Maltreatment of a vulnerable adult severed involving force or coercion   We observe the incident smust also be made to MN Department An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department Emergency (state specific uncexplained absence from a program   Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman. Time of incident: (indicate am or pm)   ocation of incident: Time of incident effect on the person (delete unused rows) secribe the incident and emergency including the effect on the person (delete unused rows)	ype of incident or emergency (check a	ll that apply)	
Significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization Maltreatment of a vulnerable adult served involving force or coercion   An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department Death of a person served*   ^*911," law enforcement, or the fire department Maltreatment of Human Services and MN Office of the Ombudsman.   Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman. Emergency including the effect on the person (delete unused rows)   escribe the incident and emergency including the effect on the person (delete unused rows) Emergency		the program to call "911," a mental health crisis intervention team, or a similar mental health response team or	Conduct by a person served against another person served (see 245D.02, subd. 11 for severity)
hospitalization An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department Emergency use of manual restraint (complete the EU. Incident Report form) department   A person's unauthorized or unexplained absence from a program Emergency (state specific : unexplained absence from a program   Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman. Pate of incident:   that e of incident: Time of incident: (indicate am or pm)   ocation of incident: Secribe the incident and emergency including the effect on the person (delete unused rows)	Significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or		coercion
unexplained absence from a program   Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman.   ate of incident:   ate of incident:   cation of incident:   escribe the incident and emergency including the effect on the person (delete unused rows)		that requires the program to call "911," law enforcement, or the fire department	Emergency use of manual restraint (complete the <i>EUMR</i> <i>Incident Report</i> form)
Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman.   Date of incident:   Docation of incident:   Describe the incident and emergency including the effect on the person (delete unused rows)		A person's unauthorized or	Emergency (state specific type):
escribe the response to the incident or emergency (delete unused rows)		cluding the effect on the person (delete u	inused rows)
escribe the response to the incident or emergency (delete unused rows)			
escribe the response to the incident or emergency (delete unused rows)			
	escribe the response to the incident or	emergency (delete unused rows)	

Name and title of staff who responded