



Please fax completed forms to Optum at **844-814-5698**

**Mass General Brigham Health Plan – Commercial Daily Adverse Incident Report**

**Notifications:** DMH \_\_\_ DCF \_\_\_ DYS \_\_\_ DPPC \_\_\_ DDS \_\_\_ Other \_\_\_

**Client:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**M** \_\_\_ **F** \_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **City:** \_\_\_\_\_

**24-hour facility:** \_\_\_ **Non-24-hour facility:** \_\_\_

**Date and Time of Incident:** \_\_\_\_\_

**Date and Time of Discovery:** \_\_\_\_\_

**Type of Incident:** \_\_\_\_\_

**Describe Incident. If AWA, please include search, notification and commitment status:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe Immediate Response to the Incident\*:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restraints Used?** None: \_\_\_ Mechanical: \_\_\_ Chemical: \_\_\_ Physical: \_\_\_ **Time in Restraints:** \_\_\_\_\_

**Please Check if Recommended:** Internal Investigation \_\_\_\_\_ Policy and Procedure Review \_\_\_\_\_  
Staff training \_\_\_\_\_ Disciplinary action to staff \_\_\_\_\_

**Please check if additional information is attached.** \_\_\_

**Person Reporting:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Attach additional information if necessary**