Physical Restraint Incident Report Form

Note: This form is to be completed and submitted to the supervisor by a staff member as soon as possible.

Client:		Incident Date:	
Behavior(s) Exhibited	by Client During Incident:		
 O Hostility O Non-compliancy O Self-abuse O Other: 	4. O Withdrawal5. O Physical aggression toward peer6. O Physical aggression toward staff	7. O Verbal aggression toward peer8. O Verbal aggression toward staff9. O Verbal and/or physical threats (describe):	
Client's Actions/Potent	tial Actions:		
 o Hurt Self o Hurt Others o Damage Property o Other 	(specify) (specify) (specify)		
Events Prior to Inciden	ıt:		
Description of Inciden	t:		

Actions of Staff:				
Physical Intervention (Type(s) of Right Response):				
Result of Actions:				
1. Were local law enforcement involv	red? (Attach Police Incident Form)			
2. Were there bruises, scratches, cont	usions or other marks on the client?			
3. Were there bruises, scratches, cont	usions or other marks on the staff?			
4. Was medical attention required by	client, staff, or others?			
Other Person(s) Involved with Pl	hysical Intervention:			
Name	Position/Title	Type of Involvement		
Follow-Up Plan:				
Staff Signature		Date		
Supervisor Signature		Date		
Parent Signature		Date		