PROSPER HOME CARE

Non Sentinel Event Incident Report

Date Report Completed: _____ Completed by: _____

Type of Event: (Check all that apply)

❑ Client/family member complaint about caregiver ❑ Caregiver complaint about client/family member
❑ Client complaint about office staff ❑ Caregiver complaint about office staff

Date Complaint Lodged: _____ Complaint Made By: _____

Clients Involved: _____
Employees Involved: _____
Location of Complaint: _____
Time of Complaint: _____
Other Persons Involved: _____

Details of Complaint:

Response about complaint from Complainee:

Next Steps: Email this report to the Marketer and Administrator. Follow up with a phone call to Marketer.
Enter this information in the Schedule Notes and Activities sections of the client record.

To Be Completed by Marketer or Administrator

Name of Staff Member Completing Reolution: _____
Details of Resolution:

Was procedure followed by staff?   ❑ YES   ❑ NO   Do you agree with details of incident? ❑ YES ❑ NO
Did caregiver follow company policy?   ❑ YES   ❑ NO   Is disciplinary action warranted?   ❑ YES ❑ NO
If no, which policy was violated? _____
Does the violation warrant initiation of Client Protection Assurances?   ❑ YES ❑ NO
Details of next steps to be taken:

Initial Reporter Signature: _____ Date: _____

Marketer/Administrator Signature: _____ Date: _____

Enter resolution details in the Activities of the client record. Make a copy for the client file and the caregiver file.
Put original in Incident and Complaint Log.