

**The Sech-Kar Co. – Athens Co.  
 UI/MUI Report Form  
 TSKC MUI Contact Number 740-541-1444**

Individual's Name:	Individual's Address:
Date of Incident:	Time of Incident:
Location of Incident:	Provider/Agency Name:
PPI Name and Relationship:	Witnesses to incident:

**Does the incident you are reporting fall into one of the categories below? If yes, you must immediately report to TSKC MUI Contact, if no response within 30 mins please contact an Administrator.**

Physical Abuse, Sexual Abuse, Verbal Abuse, Death, Exploitation, Failure to Report, Neglect, Peer to Peer Act, Misappropriation, Prohibited Sexual Relations, Rights Code Violation, Unanticipated Hospitalization or **any suspected or known MUI**

**DESCRIPTION OF INCIDENT:** (WHO, WHAT, WHERE, WHEN, Write only what was actually witnessed or reported.)

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**INJURY:** (describe type and location)

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**IMMEDIATE ACTION:** (to ensure the health and welfare of individuals or any at risk individuals):

**This Section MUST be completed**

**Causes/Contributing Factors:** \_\_\_\_\_

**Notified TSKC MUI Contact:** \_\_\_\_\_  
Name of person contacted                      Date                      Time                      Call, text, etc.

Signature of Person/Staff Reporting Incident                      (Print Name)                      Date                      Phone number

**Administrative Use Only**

**Prevention Plan: include further medical follow-up information (To Be Completed By Administration)**

NOTIFICATIONS: (check the appropriate box and include name, date, and time).

Board MUI Contact: \_\_\_\_\_ Law Enforcement: \_\_\_\_\_

SSS: \_\_\_\_\_ TSKC Nurse: \_\_\_\_\_

Guardian: \_\_\_\_\_ Provider: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Signature of Administrative Reviewer                      (Print Name)                      Date