

Any incident that involves VR customer, staff, or the visiting public must be reported. An incident is an unusual or unexpected event that compromises or may compromise the health or safety of individuals or the security of property. For information on Incident Reporting, refer to [SFP 3.2.11 Incident Reporting](#)

Instructions:

1. Complete all sections of the form electronically.
2. Record "N/A" (not applicable) if the information or a question does not apply.
3. Contractor must also notify the VR counselor as soon as possible, but within 48 hours of the incident, or 24 hours if law enforcement is involved.
4. Submit completed form to Regional Quality Assurance Specialist (Q) or Regional Program Support Specialist (RPSS) within 48 hours of the incident, or 24 hours if law enforcement is involved

Contractor Information

Contractor Name:	Contract Number:
Customer Case ID (if applicable):	
Form Completed by:	Title:

Type of Incident

Incident involves or is related to (check all that apply):

- Breach of confidentiality
- Fraud, abuse, misconduct, or waste
- Data breach
- Lost or stolen property
- Risk to health and safety of VR customers, staff or visiting public
- Allegations of incidents of abuse, neglect, or exploitation
- Emergency evacuations
- Emergency medical services and/or Emergency Room Treatment
- Injury
- Hospitalization
- Death
- Other:

Description of Incident

Date of Incident:	Time of Incident:
Location of Incident:	
Describe the incident: (who, what, where, when, how, and why):	
List Witnesses and Phone #, if any:	
Did incident involve injury? Yes or No	

Reporting to VR

Date incident reported to VR counselor:
Method used to report to VR counselor:
Date Incident Report (this form) submitted to Q or RPSS:
Name of Q or RPSS:

Reporting to Other Agencies

Check the box for all other agencies to whom a report was made. Check all that apply.

<input type="checkbox"/> N/A – Not reported to any other agency		
<input type="checkbox"/> Police	<input type="checkbox"/> Fire	<input type="checkbox"/> EMS
<input type="checkbox"/> TWC Fraud Reporting (refer to SFP 3.2.8 Fraud, Abuse, Misconduct, and Waste)		
Investigatory Agency (refer to SFP 3.2.10.1 Reporting to Investigatory Agencies)		
Department of Aging and Disability Services	Department of Family Protective Services	
Department of State Health Services		
Other:		
Investigatory Agency Report Details		
Date reported:	Time of Report:	Report/Case #:
Agency contact person (or law enforcement officer):		
Phone #:	Email:	
Information included in the report:		
Date reported:	Time of Report:	Report/Case #:
Agency contact person (or law enforcement officer):		
Phone #:	Email:	
Information included in the report:		
Date reported:	Time of Report:	Report/Case #:
Agency contact person (or law enforcement officer):		
Phone #:	Email:	
Information included in the report:		
Date reported:	Time of Report:	Report/Case #:
Agency contact person (or law enforcement officer):		
Phone #:	Email:	
Information included in the report:		
Form Submission		
Submit completed form to Regional Quality Assurance Specialist (Q) or Regional Program Support Specialist (RPSS). For email address of Q or RPSS, refer to Subject Matter Experts List		
VRS Use Only		
Q/RPSS Review		
Incident Reported to Risk Security Management (RSM):	Yes	No
If no, why?		
Date Reported:	Reported by:	
RSM Incident Report #:		
Was VR1303, Contractor Performance Report initiated?	Yes	No
State Office Review		
Date Reviewed by SO:		
Routed for additional review to (check all that apply):		
<input type="checkbox"/> Deputy Director of Field Services Delivery	<input type="checkbox"/> Deputy VR Director of Program Operations	
<input type="checkbox"/> Deputy Director of Blind Services	<input type="checkbox"/> Deputy Director of Strategic Alignment & Program Improvement	
<input type="checkbox"/> VR Division Director	<input type="checkbox"/> Office of General Counsel	
<input type="checkbox"/> Other, describe:		