

Life Start Inc.  
142 North High Street  
Gahanna, OH 43230  
Phone: 614 478-5448 Fax: 614 471-6912

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COUNTY INCIDENT REPORTING FORM

Consumer Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe Incident (If restraint is used, include description and duration of the restraint and who did the restraint):

Describe Extent of Physical Injury:

Action Taken:

Preventive Action Taken:

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult of Incident (Respite)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Life Start, Inc. Representative

\_\_\_\_\_  
Date

Report the MUI/UI within two (2) hours as follows: call the office at 475-5305 Monday through Friday, 9a-5p. When the office is closed, call the answering service at 460-7441.  
Revised 9/25/2008