

Consumer Services & Health Care Regulation Incident Reporting Form



This form is only to be used if the online reporting system is nonoperational and MUST be included in the “upload a document” section when entered in Gateway.

1. Name and title of reporter: _____

2. Name of Facility: _____

3. Address of facility: _____

4. Facility phone number: _____

5. Date and time of incident: _____

6.

Name(s) of resident(s) involved:	Name(s) of staff involved:
1.	1.
2.	2.
3.	3.

7. Description of incident:

8. Injury: _____

9. Immediate action taken: _____

10. Please send completed form to incidents@isdh.in.gov.

NOTICE: Detailed information must be submitted in the online [Incident Reporting System](#) through the IDOH Gateway at <https://gateway.isdh.in.gov/Gateway/SignIn.aspx>.

Note: Failure to make a report in the online system after an email may result in an unreported incident.