CUYAHOGA COUNTY
Board of Developmental Disabilities

INDEPENDENT PROVIDER MONTHLY UNUSUAL INCIDENT LOG

PROVIDER:_____

Name Month/Year

Individual's Full Name (PPI name if applicable)	Incident Date/Time	Incident Location	Description of Incident (Include any injuries)	Prevention Measures

TRENDS OR PATTERNS IDENTIFIED: YES_____ NO_____

If yes, attach separate sheet describing trend/pattern and the steps taken to address the issue

REVIEWED BY:_____

Provider Name Date Reviewed