



Patient Information				
Provider One Number		Date of Birth		
Last Name		First Name		
County (where member lives)		Member Phone Number		
Incident Information				
Date of Incident		Time of Incident (if known)		
Location of Incident				
Type of Incident	<input type="checkbox"/>	Abuse, Neglect or Exploitation of an Enrollee	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Rape/Sexual Assault/Indecent Liberties
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Arson	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Vehicular Homicide
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Robbery	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Vehicular Assault
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Assault Resulting in Serious Bodily Harm	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Assault of a Child
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Extortion	<input type="checkbox"/>	Unauthorized Leave of a Client from a Facility
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Drive by Shooting	<input type="checkbox"/>	Unexpected death while member is inpatient in a Behavioral Health facility
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Homicide/Attempted Homicide	<input type="checkbox"/>	Injury/trauma that occurs while member is inpatient at a Behavioral Health facility
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Murder	<input type="checkbox"/>	Suicide - Attempted
	<input type="checkbox"/>	Alleged Violent Act Committed by Member: Kidnapping	<input type="checkbox"/>	Suicide - Completed
Description of Incident				
Other Individuals Involved (Molina members only; if child – list parent information)				
Last Name		First Name		
Relationship		How were other individuals involved?		
Other Agency/Facilities Notified (i.e. CPS, APS, police, etc.)				
Type of Agency or Facility Notified		Date of Notification		
Reporting Information				
Provider Group/CCO		Name of Person Reporting		
Date Sent to Molina		Title of Person Reporting		
Phone Number of Person Reporting		Email Address of Person Reporting		
Additional Comments or Information Regarding Incident				