

Hancock County Board of Developmental Disabilities UIR / Possible MUI Form

Provider Name & Address: **Blanchard Valley Center 1700 E. Sandusky St. Findlay, OH 45840**

Individual's Name:

DOB:

Address:

City/County:

Date of Incident: [Click here to enter a date.](#)

Time of Incident:

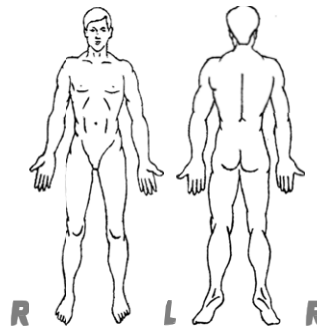
Location of Incident (home in bathroom, at the mall, lunchroom at work):

Description of Incident:

Injury:

Body Part Injured:

- Head or Face
- Mouth / Teeth
- Hands / Arms
- Feet / Legs
- Neck or Chest
- Abdomen
- Back / Buttocks
- Genitals
- Other



Immediate Action to Ensure Health & Welfare of Individuals:

Name of PPI(s):

Relationship to Individual:

Witnesses to Incident:

Others Involved:

Type of Notification	Name/Title	Date/Time
Individual / Guardian		
SSA		
Licensed or Certified Provider		
Staff or Family living at the Individual's home & responsible for the individual's care.		
Department Supervisor		
CPSA (Name and contact information required for Children Services)		

LE (Name, Badge Number, Jurisdiction, and contact information required for Law Enforcement)		
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Signature:	Title:	Date:
Printed Name:		

Further Medical Follow up:

UI Findings, Additional Information and Administrative Action:

Causes and Contributing Factors:

Preventative Measures:

Administrator:	Title:	Date:
Printed Name		