

---

## Waiver Participant

Name \_\_\_\_\_

---

## Support & Service Coordinator (Case Manager)

Name \_\_\_\_\_

Telephone No. \_\_\_\_\_



---

## STATE OF WISCONSIN

Department of Health Services  
Division of Long Term Care  
dhs.wisconsin.gov

P-00069 (05/2009)




STATE OF WISCONSIN

---

## Incident Reporting Consumer Guide

## Bureau of Long Term Support

While your adult family member/waiver participant is receiving CIP or BIW services, we want to be sure he or she remains **safe and healthy** while under our care! You can help by informing us of any action or incident you see or hear that you feel or suspect has put your adult family member in danger.



**Have any of the actions listed below occurred or you suspect they have? If so, please call your Service Coordinator (Case Manager) immediately.**

- ⇒ Do you know or think you know that your adult family member/waiver participant has been abused or neglected *by anyone*?
- ⇒ Do you know if your adult family member/waiver participant had a bad or adverse reaction because someone made a mistake in dispensing his or her medication(s), and/or he or she had to receive medical attention?
- ⇒ Did the police respond to a call to investigate something that happened or you suspect happened? *(Not including something you know is part of your adult family member's/waiver participant's service plan.)*
- ⇒ Has your adult family member/waiver participant caused sig-

nificant damage to your home or anyone else's property?

- ⇒ Was your adult family member/waiver participant isolated or restrained by a service provider? *(You don't have to report the action if it was included and approved in your adult family member's/waiver participant's service plan.)*

### **When should you call?**

Whenever an event happens that is not covered in your adult family member's/waiver participant's service plan and that you believe has put his or her safety and well-being at risk, call your Service Coordinator *as soon as possible or within 24 hours of the occurring event. Call 9-1-1 if your adult family member/waiver participant is in immediate danger!*

### **What if you are not sure if the event was considered dangerous?**

Call your Service Coordinator. Part of the coordinator's responsibility is to help you decide if you need to report the event.

### **What will happen when you call?**

Your Service Coordinator will **ask you questions** about what may have or has happened. He/she will **work with you and/or your adult family member's/waiver participant's service providers** to resolve the problem. Your Service Coordinator will **write a report** that describes what happened and what steps have been taken to make sure it won't happen again. The coordinator will then send that report to the State (as required by law). The State keeps track of all incidents to make sure it does not happen again to your adult family member or any other person receiving services.

### **What if there is an emergency?**

Call 9-1-1 immediately if there is an emergency and your adult family member/waiver participant needs help right now! After the emergency is resolved, you must notify your Service Coordinator.