

ASSISTED LIVING FACILITY SELF-REPORT

- Refer to DQA publication P-02007, *Reporting Requirements for Assisted Living Facilities*, for reporting requirements pertaining to reports submitted to the Wisconsin Department of Health Services (DHS).
- If the type of report being filed does not require a specific form, this form may be used for reporting to the DHS / Division of Quality Assurance (DQA).
- Submit this signed and fully completed form to your DQA Regional Office. For regional office contact information see: <https://www.dhs.wisconsin.gov/dqa/bal-regionalmap.htm>

Name – Facility			License No. – Facility
Address – Facility	City	State	Zip Code
Reason for Report			Date of Report (MM/dd/yyyy)

INCIDENT INFORMATION

Use page 2 to provide additional information, as needed. Attach supporting documentation, as needed.

Date – Incident (MM/dd/yyyy)	Time – Incident <input type="checkbox"/> AM <input type="checkbox"/> PM
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Involved Persons (List all residents, staff, guardians, family, etc. involved and their relationship to facility or resident.)

Name	Relationship to Facility or Resident

Incident Description (Include place, individuals involved, details of the occurrence, historical / background information.)

Incident Outcome

Action Taken to Ensure Resident’s Health, Safety, and Well-Being

Person Submitting Report

Name – Person Submitting Report (Print or type.)	Title
SIGNATURE – Person Submitting Report ➤	Telephone No.

