



Investigation Report Form (Part 2 of Sentinel Event Report)

Date of Investigation Report:		Program Name:		
Date of Incident:	Location of Incident:			
General Type of Incident:		Sentinel Event	Other <i>Specify</i> :	
Problem Statement:				
Witnesses/Involved Staff Interviewed:	Name		Date Interviewed	
Witness Statements Attached:		Yes	No	
Findings:				
Contributing Factors:		1.		
		2.		
		3.		
Conclusions:				
Corrective Action Plan:	Plan Element		Person Responsible for Implementation	Date Due
	1.			
	2.			
	3.			
	4.			
Name of Investigator:	Position:	Signature:		
Send within 10 calendar days of event to V.P. Performance and V.P. of Operations for program. Follow-up Report due in 90 days of event.				