

Program Name (Select):

**Part I – Initial Report (to be completed within two business days of event and submitted to VPO and VPQP)**

1. Date of incident/event:  2. Time of incident/event:  AM/PM  3. Location of incident/event:

4. Name of Client(s) Directly Involved:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. Person completing report (Include job title and discipline):

6. Date Sentinel Event Reported to Licensing Agency:

7. Description of the incident/event:

8. Persons directly involved in the incident/event:  
(Employees, Liberty contracted staff, etc.). Please include their written statements now or when the investigation is complete.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signature of the person completing Part I of form. Include job title and discipline.  
After applying the signature. Save the file under a **NEW FILE NAME** before sending to Part II recipient.

Part I Signature

Date

**Part II – Investigation (to be completed within 10 calendar days of event and submitted to VPO and VPQP)**

**9. Witness(es):** Please include and attach their written statements.

**10. Precipitating Factors:** Review of precipitating factors that Might have influenced or caused the incident/event. List any facts, conditions and/or occurrences that precipitated the incident/event and Might have contributed to the occurrence, duration, or course of the incident (Root Cause Analysis “Why, Why, Why” questions – to include medical and behavioral issues).

**11. Investigation Finding:** Describe, in detail, the facts/findings determined during the course of the investigation. Include a description of the actions taken during the investigation.

**12. Analysis of findings and the incident/event:** Include a description of any injury or disruption in Liberty business that has occurred as a result of this incident/event. Identify risk points/potential improvements.

Signature of person completing Part II of form. Include job title and discipline

After applying the signature. Save the file under the SAME FILE NAME before sending to Part III recipient;

Part II Signature

Date

**Part III – Follow-up of Corrective Action Plan**

(if applicable, to be completed within 90 days calendar days of event and submitted to VPO and VPQP)

**13. Follow-up to Corrective Action Plan:**

Signature of person completing Part III of form. Include job title and discipline.  
After applying the signature. Save the file under **SAME FILE NAME.**

Part III Signature

Date