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SERIOUS OCCURRENCE REPORT FAX FORM

TO: SCDHHS Division of Behavioral Health, Fax # 803.255.8204

Name of Facility:

Name of Reporting Staff:

Facility Address:

Facility Telephone Number: XXX-XXX-XXXX

Identifying Data

Resident Name:	Resident DOB:	MM/DD/YYYY
Resident Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

Please attach the Serious Occurrence report to this fax cover. The following items *must* be included with the Serious Occurrence Report.

- Name of resident(s) involved in the serious occurrence (a separate report must be submitted for each resident involved).
- Name, street address and telephone number of the facility
- Date and time of the occurrence
- Place of the occurrence
- Staff present during occurrence
- Names/Titles of staff notified of occurrence
- Detailed description of the occurrence (include precipitating factors, identify whether seclusion or restraint was utilized, immediate actions taken, follow-up action taken)

Required Notifications

Agency/Individual	Name/Title of Person Notified	Date/Time of Notification
Protection and Advocacy		
Parent/Caregiver/Guardian		
Department of Health and Environmental Control		
Other State Agency (if applicable)		

Attach additional pages as needed.

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