

Incident Form Script Missing Resident/Consumer

From the Consumer Rights and Services toll-free (800) 458-9858 main menu, press 5 and then option 4 to access this incident form mailbox.

- 1 You have selected the incident script for reporting a missing resident or consumer. The script will begin after the tone. Please talk slowly and clearly and answer in complete sentences. Once you have provided a response, press # to move to the next query.

Please state and spell your name and state your title.

- 2 What is the name and physical address of the facility and the facility ID # [commonly known as the vendor number]?
- 3 What is the facility's phone number, including area code?
- 4 What is an alternate number where you can be reached?
- 5 What is the name, social security number, and date of birth or age of the resident or consumer? Please be sure to spell their name.
- 6 Provide a brief narrative including the date and time facility staff first discovered the individual missing, how long they have been missing and when they were last observed by staff?
- 7 State if the individual has a history of prior elopement, resided on a secured unit or has a disability or medical condition that would place their health and safety at risk.
- 8 Indicate if the individual has been returned to the facility and whether or not they sustained any injury and required treatment.
- 9 State who the facility notified about the incident. Example: police, physician, DFPS, guardian. Please include the DFPS or police report number.
- 10 Provide a brief narrative of any immediate actions the facility took as a result of the incident. For example: staff training, employee suspension, changes in consumer's supervision.

- 11 At this time you may provide any additional information you believe to be relevant to this report or add to the information already recorded. When you are finished, press #.
- 12¹ An Intake Specialist will call back and will provide the intake ID number for this incident report to be referenced on your provider investigation report form.

Remember to fax the facility's completed investigation report to Consumer Rights and Services toll free fax number (877) 438-5827. Backup fax numbers are (512) 438-2722 or (512) 438-2724. Or mail to Complaint Intake Unit Post Office Box 149030, Mail code E (for east) 249, Austin, Texas 78714 dash 9030. Do not mail a copy if a copy is faxed.

Thank you for using the incident form reporting system.

When you hang up your report will be submitted.

¹ Exit Mailbox Announcement <2099>