CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Unusual Occurrence Notification
Mental Health Services

CONFIDENTIAL - DO NOT PLACE IN MEDICAL RECORD

Please send completed form to: **Behavioral Health Administration/Quality Assurance Unit** **1340 Arnold Drive Ste. 200, Martinez, CA 94553 Fax: 925-957-5156**	**ADMIN USE ONLY** **Log #** _____ **Date Recd** _____

Occurrence Type

☐ Assault-Consumer	☐ Death-Homicide	☐ Injury	☐ Property Damage	☐ Theft
☐ Assault-Staff	☐ Death-Suicide	☐ Linguistic Service	☐ Rx Error/Issue	☐ Threat
☐ Death-Accident	☐ Death-Unknown	☐ Site/Vehicle Issue	☐ Severe Agitation	☐ Violence
☐ Death-Natural	☐ HIPAA/Confidentiality	☐ Medical	☐ Suicide Attempt	☐ Other

Date of Occurrence: _____ Time _____ Name of Individual: _____

☐ Consumer ☐ Visitor ☐ Staff MRN (if applicable): _____

Mental Health site where consumer is followed: _____

☐ County Clinic/Program ☐ Contract Agency ☐ Network Provider ☐ Other

Location of Occurrence

☐ Apartment	☐ Home	☐ Parking lot	☐ Vehicle
☐ Board and Care	☐ Hospital	☐ Shelter	☐ Other
☐ Clinic	☐ IMD	☐ Street	☐ Unknown

Description of Occurrence

Other Persons with Knowledge of Occurrence

Name: _____ Phone number: _____

Name: _____ Phone number: _____

_____ _____
Printed name of staff completing form **Phone number**

_____ _____
Signature of staff completing form **Date**

Program Manager/Supervisor Action taken: _____

_____ _____
Program Manager/Supervisor Signature **Date**

Program Chief followup action requested: _____

_____ _____
Program Chief Signature **Date**