Submit by Email

OFFICE OF LONG-TERM LIVING
INCIDENT REPORTING FORM

(Complete electronically and email to RA-Incident@state.pa.us)

Reporter Information

WHO is reporting this Incident? (Select *ONE* category *and* provide contact name/phone number/email				
Participant	**Advocate / Friend / Relative**	**Provider (Indentify Your Agency's Role and MPI #)**		
☐	☐	☐		
Name: (Participant, Advocate, Friend, Relative)		**Role**		**Provider MPI#**
		Service Coordination Agency / Area Agency on Aging	☐	
Address		Direct Service Provider	☐	
		Name (Staff completing form)		
		(Name of Provider / Agency)		
		Address		
Phone Number		**Phone Number**		
Email		**Email**		

Description of Reportable Event

Participant Information			
Participant Name (Last, First, Mi)	**Participant SSN**		**Participant's Phone Number**
Participant's Address (Street, City, State, Zip)			**County**

OLTL Program Information			
Name of OLTL Program Participant Enrolled In:			
Participant's Service Coordinator (name, agency, phone number)			
Name		**Phone**	
Agency			

Event Details			
Type of Reportable Incident:		**Date Incident Occurred** (MM/DD/YY)	**Discovery Date of Incident** (MM/DD/YY)
Death	☐		
Injury	☐		
Hospitalization	☐		
Abuse	☐		
Neglect	☐		
Exploitation	☐		
Provider Misconduct	☐		
Service Interruption / Termination w/Risk	☐		

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Description of Incident	
Investigative Action Taken	
	Date Investigation Initiated
Resolution	
	Date Investigation Resolved:
Measures implemented to prevent recurrence	

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OLTL Use Only

Oversight of Reported Incidents

Investigation Priority Level	**Non-Urgent** ☐	**Urgent** ☐	**Date of Initial Review**
Recommended Investigation Type:	**Onsite**	☐	
	Telephone	☐	
	No Further Action	☐	
QMMA Investigation Assigned To (Name)		**(Unit)**	

Investigative Actions

Describe Oversight Actions		
	Investigation Start Date	

Outcomes

		Investigation Closed/Resolution Date
Adjusted Service Plan	☐	
Agency Protocols Established/Adjusted	☐	
Participant Refuses Recommendations / Assumes Risk	☐	
Other (Enter details below)	☐	

Additional Updates

Date Update Received	
Update Narrative	