



Tennessee Department of Children's Services
Incident Report

This form is only to be completed if the user(s) are not able to view a child/youth in TFACTS or if there is a system failure.

Child's Name					Incident Date	
Case ID	Client ID	Referral to CPS	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Referral Made: Time Referral Made: Intake Number		Notify Family	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Notification Made: Time Notification Made:
Runaway/Escape Information	Date Police Notified:		Complaint No:	Police Dept:		Date Listed in NCIC:

Incident Type	Incident Sub-type 1	Incident Sub-type 2	Incident Sub-type 3
Abduction	None	None	None
Arrest/Police Involvement with Child or Youth		None	None
Assault			
Contraband		None	None
Emergency Medical Treatment			None
Emergency Use of Psychotropic Medication(s)			None
Major Event at Agency			None
Mechanical Restraint			
Medication Error			None
Mental Health Crisis			None
Physical Restraint			None
Runaway/Escape			None
Seclusion		None	None
Property		None	None
Confinement	Protective Custody		None
Confinement	Emergency		None
Search		None	None
Security Breach		None	None
Use of Chemical Defense Spray	None	None	None

Note: Highlighted Gray: are to only be used by Hardware Secure facilities



Staff Involved	Contact Person	Contact Person's Telephone
Reported By	Date and Time Reported	Date and Time of Incident

Incident Details	

Case Information and Location Details			
Region		Family Service Worker	
Team Leader		Placement Type	
Agency		Placement Location	
Placement Address		Incident Address	
Foster Parent/Group Home Name			