**Maryland *RecoveryNet* – Critical Incident Report**

Please email form to Patricia.Konyeaso@maryland.gov within **24 hours** of becoming aware of the incident.

Today’s Date: Date of Critical Incident:

Name/Title of Individual Completing Form:

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

City: State: Zip:

Location Where Incident Occurred:

Please check if individual is **NOT** a Maryland RecoveryNet service recipient { }

Individual involved in incident:

Name:

Date of Birth: M-Number#:

 [ ] Male [ ] Female [ ] Transgendered

List any other involved party:

Nature of Incident:

 [ ] Death (from any cause after entry into *RecoveryNet* services)

 Cause of death:

 [ ] Suicide Attempt

[ ] Injury to self

[ ] Injury to or assault on others

[ ] Sexual/physical abuse or neglect, or allegation thereof

[ ] Incarceration

[ ] Inappropriate use of *RecoveryNet* funds

[ ] Other (please specify:

**Describe Incident:**

Signature Date

Name of Maryland RecoveryNet RAC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_