

CSS Incident Tracking

General Incident Details ▾

*Brief Title of Incident

3-10 Words That Described What Happened, for Example:

- Client Having Difficulty Breathing, Called 911
- CSS Client Threatens to Harm another Client
- Car accident in maroon minivan

Who is creating this incident report:

First Middle Last

*At what CSS facility did this incident take place?


- 3rd Ave Resource and Navigation Center
- 4600 Debarr Road (Main Center)
- Brother Francis Shelter
- Clare House
- Complex Care Shelter
- St Francis House Food Pantry
- Welcome Center
- Grow North Farm
- Other

Must Choose one, if the place of the incident is not listed, choose 'other'

Associated CSS Program(s)

Free Text, can be a program (e.g. SFS, FDS etc. or department e.g. communications)

*Date of Incident

07/20/2023 

This is the date and time that it occurred, not when you are completing the report

*Time of Incident

5:30 AM

*Type of Incident

- 9-1-1 Call
- Non-Emergency 3-1-1 Call
- Accident
- Building Issue
- Other

Can select more than one

*Is this a Critical Incident?

- Yes
- No
- Unsure

See Critical Incident Reporting Policy for definition in general, is this a risk to health / safety / environment etc.

*Did any of the following come on site?

- Ambulance
- Fire Department
- Police
- Anchorage Safety Patrol
- Child Protective Services (OCS)
- Adult Protective Services (APS)
- Other
- N/A

Can select more than one

***Who was involved in the incident?**

- Staff
- Volunteers
- Residents / Clients
- Community Members
- Partner Agency
- Other

Can select more than one

List of those involved:

Use this field for external submissions or if you cannot find the person/client/or partner in the links below.
If this is a client that is entered in apricot please add them in the field below , if people are listed as clients or staff in the search boxes below it makes it searchable and reportable.

Click Add to choose STAFF involved in this incident

Hide Deactivated Links

Click Add to choose RESIDENTS / CLIENTS involved in this incident

Hide Deactivated Links

Click Add to choose PARTNER AGENCIES involved in this incident

Hide Deactivated Links

Client Consequences ▼

***Did this incident result in any client consequences or ban from CSS facilities?**

- Yes
- No
- N/A

If the answer to this is yes, please ensure client is selected in fields above to append it to their record.

After you save the incident report please document the consequence for the client using the linked form below.

Description of Incident ▼

Please describe the incident or critical incident that occurred in as much detail as you can provide. Be sure to provide the WHO, WHAT, WHEN, WHERE, and WHAT that will help the reviewer understand the incident that occurred.

If not enough information is provided you will be required to add additional information to this report at a later date.

Be as detailed as possible, if its helpful you may use word to draft the notes and then Copy and paste into the form field.

***Description of Incident:** ?

Please include a thorough description of WHO, WHERE, WHEN, And WHAT happened during this incident.

Describe follow up needed, if any:

Does a client, partner, staff member, or other entity need a follow up related to this incident?



Signature of incident reporter

Name

Signature

When completed, add your name and draw your signature. Click Sign at the bottom and then save the record from the menu on the right.

Thank you!

System Fields ▶

external instructions ▶

