

# INCIDENT/ACCIDENT REPORT FORM

For use by programs funded by the NYC Department for the Aging

Incident Report Forms must be **completed and uploaded** to PRISM **within 72 hours of the occurrence**. For **Elder Justice providers only**, please email directly to Elder Abuse Coordinator. Any requested information not available at the time of submission of this report must be submitted in writing as soon as it is available. If the NYPD or FDNY responded to the incident or the AED was used, **Program Officers must be notified immediately by phone and by email within 24 hours** in addition to uploading a completed Incident/Accident Report Form to PRISM within 72 hours and emailing the Incident/Accident Report Form to your Program Officer.

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## SECTION 1 – PROGRAM DETAILS

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**DATE OF REPORT:** \_\_\_\_\_

<b>SERVICE PROVIDER:</b>	
Site Name:	
Site Address:	
NYC Aging Contract ID#:	
Program Director:	
Program Director's Phone Number:	

### PROGRAM:

Community Services:	Social Services:	Other:
<input type="checkbox"/> OAC	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Elder Justice
<input type="checkbox"/> NORC	<input type="checkbox"/> Case Management	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Transportation	<input type="checkbox"/> Friendly Visiting	<input type="checkbox"/> _____
<input type="checkbox"/> HDM	<input type="checkbox"/> SADS	(fill in)
	<input type="checkbox"/> Homecare	

## SECTION 2 – INCIDENT INFORMATION

Date of Incident	Time of Incident	Address/Location of Incident	Name(s) and title(s) of person(s) involved (Staff, Volunteer, Other)

Name of Involved Participant (if applicable):	
Participant Date of Birth:	
Participant Address:	
Participant Phone Number:	

Name(s) of Additional Involved Participants* (if applicable):	
Participant Date of Birth:	
Participant Address:	
Participant Phone Number:	

(Use additional pages if needed.)

### TYPE OF INCIDENT/INJURY/PROPERTY DAMAGE

(Check all that apply and describe on the next page.)

<input type="checkbox"/> Physical Injury <input type="checkbox"/> Choking <input type="checkbox"/> Illness <input type="checkbox"/> Participant/workplace violence <input type="checkbox"/> Contagious disease exposure <input type="checkbox"/> Death <input type="checkbox"/> Elder Abuse (physical, emotional, financial, sexual/harassment or active neglect by an individual the OA knows and trusts) <input type="checkbox"/> Data Breach/Cybersecurity Incident (complete <b>Data Breach</b> section below)	<input type="checkbox"/> Property damage <input type="checkbox"/> Property stolen <input type="checkbox"/> Scam or Financial Fraud <input type="checkbox"/> Auto accident <input type="checkbox"/> Auto vandalism <input type="checkbox"/> Hazardous Material Exposure <input type="checkbox"/> Inappropriate Behavior <input type="checkbox"/> Intoxication <input type="checkbox"/> Other _____
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1) Did the program call 911? ☐ Yes ☐ No

a. If yes, who responded? ☐ NYPD ☐ FDNY/EMS ☐ FDNY/Fire

b. Was medical treatment provided on site? ☐ Yes ☐ No

Who provided treatment? (e.g., paramedics) \_\_\_\_\_

c. Was an AED used? ☐ Yes ☐ No

*If yes, you must notify NYC Aging's Office of Emergency Preparedness and Response at [emergencynotification@aging.nyc.gov](mailto:emergencynotification@aging.nyc.gov), as well as NYC Aging's Automated External Defibrillator service vendor, to have the AED inspected and parts replaced.*

d. Was treatment sought off-site? ☐ Yes ☐ No

If Yes, where? ☐ Emergency Room ☐ Urgent Care ☐ Other \_\_\_\_\_

e. Was an emergency contact called for the person involved in the incident?

☐ Yes ☐ No ☐ Injured party refused

2) If NYPD responded, please fill out more details below:

Precinct # \_\_\_\_\_

Complaint # (if known) \_\_\_\_\_

What was the outcome? (Ex. Was police action taken?)

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3) Was participant removed from the premises? ☐ Yes ☐ No ☐ N/A

4) Was participant suspended from the program? ☐ Yes ☐ No ☐ N/A

If Yes, for how long? \_\_\_\_\_

5) In the case of elder abuse, was a referral made to an Elder Justice Provider? ☐ Yes ☐ No ☐ N/A

If no, please explain why a referral was not made:

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**Description of Incident/Accident and Program's response with as much detail as possible:**

(Use additional pages if needed)

**Statement of Injured Party/Witness(es):**

Name: \_\_\_\_\_

If there is no Injured Party/Witness, or one refuses to complete, site must so indicate.

(Use additional pages if needed)

**Data Breach/Cybersecurity Incident:**

Date of Incident: \_\_\_\_\_

Description of incident, including how the breach occurred, and how and when it was detected:

Description of information that was exposed:

Potential scale of the incident, such as number individuals potentially impacted:

Efforts made to inform affected individuals of breach and remedies provided to participants:

Remediation efforts taken, if any:

Any risk of ongoing exposure or unauthorized access (describe):

(Use additional pages if needed)

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### SECTION 3 – SIGNATURE

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**REPORT PREPARED BY:**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME (print) \_\_\_\_\_

TITLE \_\_\_\_\_

Reviewed by: \_\_\_\_\_ ☐ Program Director ☐ Supervisor

Additional Page (Please indicate which response(s) are being continued from above)