

Macomb County Incident Report

Fax Cover Sheet

TO: _____

FROM: _____

DATE: _____

TIME: _____

The following documents are being faxed in accordance with MCCMH policies and procedures. Additional information should be directed to the contact person list above. The efax cover sheet will be available upon request for verification of fax.

Incident Report date: _____

Additional Required forms (attached)

Yes No

Medication Error Form (for all medication errors or refusals)

Emergency Medical Form

- Emergency treatment due to injury or physical illness
- Hospitalizations
- Emergency Room Visits

Police Contact Form

- Any time incident involves the police

Physical Management form (not used except in rare cases)

Macomb County fax number for ORR: 586-466-4131