MOPS MUI Narrative Report Form

This form is to be completed as an adjunct to the ODMH MUI form. A copy of the ODMH MUI form must be attached to this narrative report.

Date/Time of Incident:_____ Date/Time of Report:_____

Give a detailed description of the events of the Major Unusual Incident. This would include the type of MUI that occurred, who was involved (victims and offenders), who witnessed the events, any injuries that occurred, and how the incident was resolved. Attach additional pages as necessary. Please only use client ID# in this section no names.

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Signature of Person Completing Form Signature of Supervisor

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Printed Name of Person Completing Form Printed Name of Supervisor

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Agency Use Only

- The MUI form will be sent to ODMH only if the incident happened on agency premises or if the allegation of abuse was against a staff member
- **ALL** MUI's are to be reported to the Executive Director and the ADAMH board within 24 hours.
- € Debriefing occurred with all staff involved. _____ (Initials of Person Debriefing and Date).

Client Name/ID# _____
Address