

**OTDA BHSS CONTACT INFORMATION**

**Report all serious incidents to:**

**Brenda McAteer (518) 486-7797**

**Email:** [**bhssincidentreport@otda.ny.gov**](mailto:bhssincidentreport@otda.ny.gov)

**Please do not encrypt the report.**

# Bureau of Housing and Support Services SERIOUS INCIDENT REPORT

**The Homeless Housing and Assistance Corporation Contract requires each Sponsor to report any serious incidents within 5 days of the incident utilizing this form.** For all occurrences of a serious incident the provider must: (1) call or email this Office to report the serious incident immediately and (2) submit a copy of this Incident Report form to the Office within five business days. This Incident Report form must be used to report all Serious Incidents.

**All fields of this report must be completed. Please check “Not Applicable” for areas in the form not relevant to the incident. The report is a fillable form and must be typed. All comment sections of the form will expand if more room is needed. The facility is required to submit the completed form to the Office of Temporary and Disability Assistance Bureau of Housing and Support Services attention Brenda McAteer at** [[**bhssincidentreport@otda.ny.gov**](mailto:bhssincidentreport@otda.ny.gov)](mailto:otda.sm.bhss@otda.ny.gov) **. Original signatures must be on all reports filed at the facility and be available for review by OTDA staff during monitoring visits.**

When completing the report, provide a factual account of exactly what happened, when and where the incident occurred, and the cause of the incident. **The following is a list of serious incidents that require immediate notification.**

**SERIOUS INCIDENTS: (Immediate reporting required)**

|  |  |  |
| --- | --- | --- |
| * Homicide or suicide * Natural or unnatural death * Serious or life-threatening injuries * Any other serious incident impacting the safety and well-being of any resident or staff * Hostage taking or abduction * Possession or use of drugs with arrest of staff or resident * Sale or distribution of drugs with arrest * Drug overdose * Law enforcement involvement | * Use or possession of a firearm or weapon * Significant building damage caused by a natural disaster or catastrophic event such as a hurricane, tornado, flood, winter storm, etc. * Arson, fire or explosion at facility * Bomb threats * Loss of utilities for more than 4 hours to all or significant portion of the building (heat, electricity, gas or water) * Notification of code violations | * Discovery of any environmental hazard, such as toxic mold, lead paint or asbestos that threatens resident health or well-being * Environmental concerns that may cause a life-threatening injury or the evacuation of an entire site as directed by emergency personnel or Local Fire Department * Any unscheduled visits by the media that may potentially result in negative press coverage |

Please use tenant initials and/or apartment #. Do not use full names.



**Bureau of Housing and Support Services**

**SERIOUS INCIDENT REPORT**

**HOUSING TYPE:** Choose an item.

**HHAC CONTRACT #: HC0**

**OCCURRENCE AND NOTIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not for Profit Agency Name:** Click here to enter text. **Phone:** Click here to enter text.  **Address:** Click here to enter text.  **Project Name:** Click here to enter text. | | | | **Date:** Click here to enter a date. |
| **Type of Incident:** Choose an item. | | **Other:** | | |
| **Code violation**  **Utility Shut-off** | **Police involvement** | **Fire Department Involvement** | **Media involvement** | |
| **Date of Incident:** | **Time of Incident:** | **Location:** Click here to enter text. | | |
| **Notifications made to:**  **On this Date and Time:** | **Agency Leadership** | **OTDA HHAP** | **OTDA Service Program Unit** | |
| **Date:**  **Time:** | **Date:**  **Time:** | **Date:**  **Time:** | |
| **Other Notifications:** | | | **Date:**  **Time:** | |

**RESIDENT INVOLVEMENT  Not Applicable**

|  |
| --- |
| **Were any residents re-located?  Yes  No** |

**STAFF INVOLVEMENT  Not Applicable**

|  |  |  |
| --- | --- | --- |
| **Name**  **Last, First** | **Title** | **Shift** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Was staff allowed to remain on site?  Yes  No** | | |

**PROVIDE A DESCRIPTION OF THE INCIDENT (Include who, what, where, when)**

|  |
| --- |
| Click here to enter text. |

**IMMEDIATE ACTION TAKEN**

|  |  |
| --- | --- |
| **Was immediate action required?** | **Yes  No** |
| **Describe the action(s) taken?** Click here to enter text. | |

**RESOLUTION (Required)**

|  |
| --- |
| Click here to enter text. |

**FOLLOW UP (Required)**

|  |
| --- |
| Click here to enter text. |

**Insurance Company Notification (if applicable)**

|  |
| --- |
| Click here to enter text. |

**Name and title of staff completing report:** Click here to enter text.

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

***For email purposes, above names may be typed in.***

***Completed by OTDA Staff only:***

**Management notified Follow Up Required**

**Report Reviewed by:** Click here to enter text. **Date:** Click here to enter a date.