Coordinated Access - Gaps in Services Report Form

Client name and/or HIFIS ID: _____

Staff name and agency: _____

Date of incident: _____

Date of submission: _____

These reports track instances where clients did not receive adequate care. Please indicate which (if any) of the following occurred during this incident. Check all that apply:

☐ Client did not receive a proper assessment

☐ Client was not admitted to a hospital/facility despite being a risk to themselves/others

☐ Client was discharged from a hospital/facility too early

☐ Client was returned to a shelter/service office in a state of distress

☐ Other: _____

Did physical harm occur during this incident? Check all that apply:

☐ Client was physically harmed (by self or by others)

☐ Staff/others were physically harmed

☐ Other: _____

Which (if any) of the following agencies were involved in this incident? Check all that apply:

☐ Police

☐ Ambulance

☐Mobile Mental Health

☐ Hospital staff

☐ Other: _____

Please describe the incident: