

# DANGEROUS BEHAVIOR REPORT

Department of Veterans Affairs Medical Center  
Portland, OR

Name of Disruptive Person: \_\_\_\_\_  
\_\_\_\_\_

Reporting Employee: \_\_\_\_\_

Routing Symbol: \_\_\_\_\_

Employee?  Veteran/Patient?

Work Site Extension: \_\_\_\_\_

Last four digits of SSN (if vet/pt): \_\_\_\_\_

Pager Number: \_\_\_\_\_

**INSTRUCTIONS:** Every staff member with knowledge of a disruptive incident IS REQUIRED to submit, or assure that someone submits, a detailed report. Disruptive incidents include any act or threat of violence, weapons, intimidation, harassment, or serious disruptive behavior. Since the only good predictor of future violence is knowledge of past violence, it is essential that all such incidents are reported.

**FOR INCIDENTS INVOLVING VETERANS/PATIENTS, COMPLETION OF THIS REPORT WILL NOT REPLACE APPROPRIATE DOCUMENTATION IN THE PATIENT'S MEDICAL RECORD NOR COMPLETION OF VA form 10-2633, "REPORT OF SPECIAL INCIDENT INVOLVING A BENEFICIARY."**

1. DATE OF INCIDENT: \_\_\_\_\_ BEGAN: \_\_\_\_\_ a.m./p.m. ENDED: \_\_\_\_\_ a.m./p.m.

2. LOCATION OF INCIDENT (BE SPECIFIC, E.G. MICU-WARD 4C): \_\_\_\_\_

3. **TYPE OF INCIDENT**  
(check all that apply)

**INTERVENTIONS**  
(check all that apply)

Loud voices   
Standby/search per flag   
Medically unstable patient attempting to elope

Situation resolved verbally   
Person voluntarily left Center   
Police removed person from Center   
Restraints applied   
Person sedated   
Person placed in secure room   
Involuntary hold initiated   
Person removed to another facility

THREATS (Describe below)   
Possession of a weapon   
Violence against property   
Violence against people

4. Briefly DESCRIBE the incident, any interventions, and especially how the incident was concluded. Be SPECIFIC about THREATS, intimidation, harassment, and abusive language, etc. Use quotes if possible.

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(Staple additional sheet if necessary)

**NOT TO BE FILED IN PATIENT'S MEDICAL RECORD**

5. Was anyone INJURED? (Circle Number) Employee \_\_\_\_\_ Visitor \_\_\_\_\_ Patient \_\_\_\_\_

0 1 2 3

NO INJURY MINOR MAJOR DEATH  
NO MEDICAL INTERVENTION MEDICAL INTERVENTION  
REQUIRED REQUIRED

Please describe injury & treatment obtained: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. WEAPON? No \_\_\_\_\_ Knife \_\_\_\_\_ Gun \_\_\_\_\_ Other (Describe) \_\_\_\_\_

7. How satisfied were you with the response time of the VA Police in this incident? (Circle Number)

5 4 3 2 1 0

Very Satisfied Satisfied Neutral Disappointed Extremely Disappointed Not Applicable

8. How satisfied were you with the verbal skills of the VA Police who responded?

5 4 3 2 1 0

Very Satisfied Satisfied Neutral Disappointed Extremely Disappointed Not Applicable

9. If physical restraint was necessary in this incident, how satisfied were you with the VA Police performance in doing so?

5 4 3 2 1 0

Very Satisfied Satisfied Neutral Disappointed Extremely Disappointed Not Applicable

**PLEASE SEND THIS REPORT IN MEDICAL CENTER MAIL TO P3CCP.**

**MARK THE ENVELOPE "CONFIDENTIAL." DO NOT FILE IN MEDICAL RECORD.**

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(COMMITTEE USE ONLY)

DATE OF REVIEW: \_\_\_\_\_  
 BEC REVIEWER: \_\_\_\_\_

Recommended follow-up action:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DJD — Revised June 2000