



Law Enforcement MUI Form

Individual's Name: _____

Date Form Completed: _____

Incident Date: _____

MUI Number: _____

Person Completing Form: _____

Provider: _____

Title: _____

Contact Information: _____

HISTORY / ANTECEDENTS:

Please list what led to the individual being charged, incarcerated, arrested or tased. Provide a timeline and whether this individual has a history of law enforcement involvement. Provide details of prevention measures from prior incidents.

CRIMINAL CASE INFORMATION:

Law Enforcement Entity: _____

Outcome of Criminal Case: _____

Contact Information for Arresting Officer: _____

Incarceration Location: _____

General Population? _____ Probation? _____ Parole? _____

SUPERVISION LEVEL:

Did the individual have a supervision requirement? If so, describe the supervision level. Was the supervision level met? Did the staff know about the supervision required? Was the staff trained on the implementation of the supervision requirements?

INJURIES / MEDICAL NEEDS:

Were there any injuries to the individual or anyone else involved in the Law Enforcement MUI? Did the individual receive timely medical attention? Are the individual's medical needs known – especially if the individual is incarcerated?

DESCRIPTION:

Describe in detail the incident.

CAUSE AND CONTRIBUTING FACTORS:

- | | | |
|----------------------------------------|--------------------------------------------|---------------------------------------|
| Supervision not met | Excessive noise | Medication changes |
| Staff ratio was not appropriate | 1:1 attention unavailable | Illness |
| Diet not followed | Peer aggression | Possible Hallucination |
| Asked to complete task | Outing canceled | Loss of important relationship |
| Change in routine | Control issues - staff/family/peers | ISP/BSP followed |

Other:

PREVENTION MEASURES:

- | | |
|-----------------------------------------------|---------------------------------------------------------------------------------|
| Physical/Social Environmental Change | Medication Changes |
| Agency Policy/System Change | Follow up appointment scheduled |
| Staff Training | PT/OT/Speech referral made to address communication or mobility concerns |
| Counseling | Diet change ordered |
| Team Meeting to address ISP Changes | Home Health Care |
| Appointment with Medical Care Provider | |

Other:

INVESTIGATIVE AGENT REVIEW:

Comments & Questions:

IA NAME: _____

REVIEW COMPLETED DATE: _____