

# Healing Our Women



**Adverse Event Report**



HEALING OUR WOMEN PROJECT  
Adverse Event Report

THIS FORM SHOULD BE COMPLETED BY THE SOCIAL WORKER, BUT MAY BE COMPLETED BY A STAFF MEMBER, IF ANY HOW PARTICIPANT:

- REPORTS INTENTIONS TO COMMIT HARM TO SELF OR OTHERS, INCLUDING SUICIDAL IDEATION, CHILD ABUSE, OR OTHER THREAT.
- REPORTS IMMINENT DANGER TO THEMSELVES BY ANOTHER PERSON SUCH AS A PARTNER.
- REQUIRES CRISIS INTERVENTION DURING THE HOW GROUP SESSIONS DUE TO ANXIETY, DEPRESSION, OR OTHER EMOTIONAL PROBLEM. THIS INCLUDES NEED FOR MEDICATION OR PSYCHIATRIC CARE OR HOSPITALIZATION.

Client's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Location (Brooklyn or Bronx)\_\_\_\_\_

Intervention:  Risk Reduction  Health Promotion (Check one.)

Today's Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Date of Incident: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

Time of Incident: \_\_ \_\_: \_\_ \_\_ pm/ am

Where did incident take place?

\_\_\_\_\_  
\_\_\_\_\_

1. Participant ID numbers of all participants who witnessed, or were involved in or affected by incident.

- |                        |                        |
|------------------------|------------------------|
| _____ (participant 1)  | _____ (participant 2)  |
| _____ (participant 3)  | _____ (participant 4)  |
| _____ (participant 5)  | _____ (participant 6)  |
| _____ (participant 7)  | _____ (participant 8)  |
| _____ (participant 9)  | _____ (participant 10) |
| _____ (participant 11) | _____ (participant 12) |

2. Describe incident (Please be as specific as possible and use ID#'s instead of names.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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3. Describe any follow up actions taken by staff in response to incident.

4. Was incident reported to police or any other authorities? YES/NO

If yes, to whom and when was incident reported?

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Signature of Staff making report \_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

**To be filled out by Principal Investigator:**

Name of Principal Investigator: \_\_\_\_\_

Assessment of Incident (Please indicate how you reviewed incident and whether or not in your opinion this may constitute an adverse event.)

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Disposition of Incident (Check relevant category.)

- This incident does not constitute an adverse event, and no further review is needed.
- I have reported this incident to the IRB for further review to determine if it is an adverse event of the study on \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (indicate date of report to IRB).

Recommended Follow up Actions to Incident:

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Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_