

**CONFIDENTIAL**  
**REPORT OF INCIDENT OF DISRUPTIVE BEHAVIOR**

**To: Program Director**

(complete this form in its entirety, sign and submit it to the Program Director)

Date, Time and location of Incident

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Description of Incident**

Please describe the behavior observed as factually and objectively as possible, including the events, which precipitated the behavior, if known. Provide all relevant details. (Please continue on a separate page as needed)

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Others Present:

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**Effect on Patient Care or Educational Program**

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**Did the behavior affect or involve a patient?      Yes      No**

If yes, provide the patient's name: \_\_\_\_\_ Medical Record \_\_\_\_\_. Please describe the effect of the clinician's behavior on patient care or hospital operations.

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**Action Taken**

Was a supervisor, department chairperson (clinical department chief), management, or any other person notified of the incident?

\_\_\_\_\_ Yes Name of person notified: \_\_\_\_\_  
\_\_\_\_\_ No

Was any further action taken? If yes, please provide date, time and description of action taken.

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Name of Person Reporting: \_\_\_\_\_ Position \_\_\_\_\_  
Date: \_\_\_\_\_