Law Enforcement MUI Form

Individual's Name:	**Date form completed:**
Incident Date:	**MUI Number:**
Name of Person Completing Form:	**Title:**
Contact Information:	**Provider:**

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	☐ Outing Cancelled
☐ Staff ratio was not appropriate	☐ Control Issues-staff/family/peers
☐ Diet not followed	☐ Medication Change
☐ Asked to complete task	☐ Illness
☐ Change in Routine	☐ Possible Hallucination
☐ Excessive Noise	☐ Loss of Important Relationship
☐ 1:1 Attention unavailable	☐ ISP/BSP Not followed
☐ Peer Aggression	
☐ 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 concern
☐ Counseling	☐ Diet Change Ordered
☐ Team Meeting to address ISP Changes	☐ Home Health Care
☐ Appointment with Medical Care Provider	
☐ Other:	

Investigative Agent Review:	
Comments & Questions:	
Review Completed Date:	IA Name: