



WMPC Critical Incident Reporting – MDHHS

Critical Incident Type	<input type="checkbox"/> Emergency Incident <input type="checkbox"/> Significant Incident
Date and Time Incident Occurred	
Date and Time Reported to WMPC	
Incident Reported Timely	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Name	
PID Number	
Parent(s) Name	
Date of birth	
Name of reporting person	
Detail of incident	
History with case member	
Previous involvement with agency	
Actions taken	
Media involvement	
Law enforcement involvement	