 **Care Report**

**Background Information**

Your Full Name: Click here to enter your name.

Your Position/Title: Please enter your position and/or title.

Your Phone Number : How can we contact you?

Your Email Address : Your Email Address.

Date of Incident: Click here to enter a date.

Location of Incident: Please Select a Location.

**Involved Parties**

Please list the individual that you are concerned about, including as many of the listed fields as you can provide.

Name or Organization Click here to enter text.

Gender Please Select a Gender.

Role Please Select a Role.

ID Number Click here to enter text.

DOB Click here to enter a date.

Phone Number: Click here to enter.

Email Address Click here to enter text.

Address Click here to enter text

**Information**

Please be as detailed and complete as possible. If you have noted observations over several dates, you will be able to make those classifications later on.

**Notable Observations of the Person’s Behavior or Appearance:**

Poor Grooming Poor Hygiene Hostile

Tearful/Crying Mood Swings Fidgety

Social Isolation Inappropriate Touching Threatening

Bruising Intimidating Others Argumentative

Suspicious Frequent Absence Stalking

Slurred Speech Poor Performance Noncompliant

Avoidance Abusive Language Burns or Cuts

Odor Extremely Thin Doesn’t Show Emotion

Fighting Frequent Injuries Seems to See and/or Hear Things

**Issues Reported to you by the person(s):**

Suicide Plan (more details below) Child Abuse/Neglect Health Problems

Suicide Preparation Impulsivity Shame/Guilt

Suicide Rehearsal Substance Abuse Sexual Assault/Abuse

History of Suicidality Significant Loss Physical Assault/Abuse

Homicidal Plan Interpersonal Isolation Legal/Disciplinary Problems

Assaultive Plan Relationship Problems

**If you have specific details regarding any of the selections made for Notable Observations or Issues Reported (dates, patterns of behavior, etc.) please include them here:**

Click here to enter text.

**Are you aware of previous incidents involving this person?**

Click here to enter text.

**What, if any, actions have been previously taken regarding this individual?**

Click here to enter text.

**Supporting Documentation**

Photos, video, email and other supporting documents may be attached along with this form in an e-mail to the HR Director, [ssenkfo@siue.edu](mailto:ssenkfo@siue.edu).

**Submit the Care Report**

Please send this form and supporting documentation to the HR Director at the address below:

Sherrie Senkfor, HR Director

Southern Illinois University  
Office of Human Resources

Box 1040, Rendleman Hall, Room 3210

Edwardsville, IL 62026

Or, please e-mail the HR Director at [ssenkfor@siue.edu](mailto:ssenkfor@siue.edu)

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