



Preventing Medicare Fraud

Illinois SMP Incident Reporting Form

Please use this form to report any incident involving an SMP volunteer, including:

- Injury to the volunteer, client, or program participant.
- Accidents, including motor vehicle accidents.
- Property damage, including damage to equipment.
- Lost possessions, files, or equipment.
- Abuse of a beneficiary or other individual.
- Harassment and offensive remarks.
- Error in judgment.

Fax or mail completed form to: SMP Volunteer Coordinator, AgeOptions 1048 Lake Street, Suite 300, Oak Park, IL 60301-1102 Fax number: (708) 524-0870.

Please also inform your host agency supervisor of the incident, you may have to file an incident report with them as well.

Information on the Affected Person or Organization

Check one: Volunteer Beneficiary/Client Program Participant Paid Staff

Other (please describe) _____

Affected party's name: _____

Address: _____

Telephone number: _____ Email: _____

Information on the SMP Volunteer (if not the affected party)

Volunteer's name: _____

Address: _____

Telephone number: _____ Email: _____

Information about the Incident

Check all that apply: Injury Accident Property Damage Lost Possession

Abuse Offensive Remark Harassment Error Other (please describe)

Date of the incident: _____ Time of the incident: _____

Location of the incident:

Describe what happened, how it happened, factors leading up to the incident, what was said or observed. Please give as much detail as possible. (Attach separate sheet, if necessary):

If there were witnesses, list their names/contact information (include yourself if you were the witness):

Complete the following (if applicable):

Name of physician consulted (if applicable):

Telephone number:

Name of hospital or clinic (if applicable):

Address:

Telephone number: _____

Was incident reported to the police? Yes No

Police name and contact number (if applicable): _____

Illinois SMP Supervisor or Coordinator Information (Person Filing this Incident Report)

Agency/Organization name: _____

Contact person/Title: _____

Telephone number: _____ Email: _____

Signature: _____ Date: _____

For questions when using this form please contact the SMP Volunteer Coordinator at AgeOptions,
(800) 699-9043.