

# RNS St. Louis and Kansas City Client Event Report

Client/Staff Name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time: \_\_\_\_\_ AM PM Place of incident: \_\_\_\_\_

Incident: \_\_\_\_\_

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Name/Time Family notified \_\_\_\_\_

Name/Time RNS notified \_\_\_\_\_

Action: \_\_\_\_\_

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RNS Staff: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

\*After this is signed, PLEASE Scan and Email to an Office Administrator  
AND Your Case Manager for this client.