



# Developmental Disabilities Program Triage Review Form (TRF)

For investigating critical incidents:

May be used for all critical incidents **except** incidents of *abuse, neglect or exploitation*.

---

**Review Team Members Participating:**

Case Manager(s): \_\_\_\_\_  
Provider Staff: \_\_\_\_\_  
QIS(s): \_\_\_\_\_  
Regional Manager: \_\_\_\_\_  
Other: \_\_\_\_\_

**Date Incident Occurred:**

Agency Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Person's Name: \_\_\_\_\_

**Description of Incident as known:**

**Summary of Review:**

**Recommendations/Requirements/Actions Taken:**

Administrative Review Attached:

No further investigation warranted

Full Investigation (FIRF) needed and assigned to: \_\_\_\_\_

\_\_\_\_\_  
Triage Review Team Chair

\_\_\_\_\_  
Date

**Review Status:**

To be continued       Closed