



Participant Incident Report and Risk Reduction Plan GO-MKE

Primary Participant Involved			
Last Name: (Print)	First:		ETO ID#:
Description of Incident			
Date staff made aware of Date	e of Incident:	Time of Incident:	Location of Incident:
Incident: AM PM			
Nature of Incident: Violence Domestic Violence Stalking Injury Overdose Death Loss of housing			
☐ Mental health episode ☐ Arrest ☐ Incarceration ☐ Missed family reunification opportunity			
Other, please specify:			
Description (Pertinent			
information leading up			
to the incident, area of			
occurrence: did			
incident happen inside			
or outside of building,			
what occurred, etc.):			
Were there witnesses? Yes No Unknown			
Name of Witness #1 (First and Last):			Phone:
Name of Witness #2 (First and Last):			Phone:
Risk Reduction Plan			
Goal:			
Risk mitigation action			
steps (include roles			
and Responsibilities):			
External Reporting			
Reported out to: N/A Law enforcement Child Protective Services Other:			
Date: Time: AM PM			
Signature Company (1) Company (2) Company			
OCWS Staff Name (please print):			
Signature:	Title:		Date:
OCWS Supervisor Name (please print):			
Signature:	Title:		Date:

Form Date: 10/13/25

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