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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 Incident:	Date of Incident:	Time of Incident: ☐ AM ☐ PM	Location of Incident:

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		
OCWS Staff Name (please print):		
Signature:	Title:	Date:
OCWS Supervisor Name (please print):		
Signature:	Title:	Date:

Form Date: 10/13/25