



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: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident:
Nature of Incident: <input type="checkbox"/> Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Stalking <input type="checkbox"/> Injury <input type="checkbox"/> Overdose <input type="checkbox"/> Death <input type="checkbox"/> Loss of housing <input type="checkbox"/> Mental health episode <input type="checkbox"/> Arrest <input type="checkbox"/> Incarceration <input type="checkbox"/> Missed family reunification opportunity <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> N/A <input type="checkbox"/> Law enforcement <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Other:			
Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Signature (Check appropriate partner box)			
<input type="checkbox"/> DCWS <input type="checkbox"/> WCWI Staff Name (please print):			
Signature:			Date:
<input type="checkbox"/> DCWS <input type="checkbox"/> WCWI Supervisor Name (please print):			
Signature:			Date:

Form Date: 07.02.26

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