**Miami Dade Homeless Trust - Root Cause Analysis Report Form**

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| Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Program/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date RCA Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RCA Team Members Name: | | |
| 1. **Event - *Describe what happened, any harm that resulted from the incident and the proximate cause (if known) and action plan to prevent reoccurrence (*Attach this Root Cause Analysis Report Form and any supporting documents, if applicable, to the electronic incident report platform*)*** | | |