
DESCRIPTION OF INCIDENT (Title 17 requires a description of the alleged perpetrator, if applicable):

(Attach a separate page for additional information if necessary)

IMMEDIATE ACTION TAKEN BY SERVICE PROVIDER/VENDOR/OTHER:

(Attach a separate page for additional information if necessary)

MEDICAL TREATMENT NECESSARY: Yes No **If Yes, Nature of Treatment:**

Administered At: _____ Administered By: _____

Follow-Up Treatment, If Any:

PLAN TO PREVENT FURTHER OCCURRENCES:

(Attach a separate page for additional information if necessary)

COMMENTS (INCLUDE THE NAME/ADDRESS OF ANY WITNESS TO THE INCIDENT):

(Attach a separate page for additional information if necessary)

REPORT SUBMITTED BY

Name (print): _____ Title: _____
Vendor Name: _____ Vendor Number: _____
DHS-L&C Lic. #: _____ DSS-CCL Lic. #: _____
Telephone Number: _____ Signature/Date: _____