



COMMUNITY SERVICES DEPARTMENT
Incident - Notification Form



Agency / Program: _____

Date Incident Occurred: _____

Person Completing Form: _____

Date of Report: _____

Email address (Optional): _____

Phone #: _____

Method of Communication: (Please check the appropriate box)

- Drop Off
Standard Mail
Secured Line
Certified Mail
Encrypted Email

Incidents Reported: (Please check the appropriate box)

- Timeline to notify County - Incidents related to Children should be notified between 2-4 hours.
Timeline to notify County - Incidents related to Adults should be notified between 4-8 hours.
Timeline to notify County - within 14 business days.

Summary of incident: (Do not include the name of the client or staff involved in incident)

Empty rectangular box for incident summary.

Will there be an investigation?

- Yes
No
N/A

Individual Completing Report: Print Name

Position / Title

Individual Completing Report: Signature

Date