Form OPWDD 148 (6/2012)

Report on Actions Taken in Response to an Incident

NYS Office For People With
Developmental Disabilities

This report includes any immediate corrective/protective actions taken in response to an incident to safeguard the health or safety of the person receiving services. This should include, but is not limited to, a general description of any initial first aid, medical/dental treatment, or counseling provided. Please note that the investigation may still be ongoing and additional actions may be taken pending the results and recommendations of the investigation. Further actions may be taken by agency administration. For additional information regarding this report please contact _____ by telephone at _____.

Name of person receiving services	
Date the incident occurred or was discovered	Preliminary classification of incident
Agency completing this form	Master incident number (N/A if none)
This report is being provided to (name)	Relationship to person receiving services
Phone number	Date initial notification was provided to person receiving this form

Immediate steps taken in response to the incident to safeguard the health or safety of the person receiving services (please use additional sheet if necessary). In the event of a death, N/A may be entered if appropriate.

Name of person completing this report	Date this report was completed
Signature	

Clear Form

Print Form