COMMUNITY SERVICES DEL Incident - Notification	2000 104/202 Palm Reach County
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)	
 <u>Timeline to notify County – Incidents related to Children should be notified between 2-4 hours.</u> Client injury/accident requiring medical attention or hospitalization that could pose an Agency liability Allegation of neglect, physical, mental and sexual abuse of a client by an Agency staff Incidents that may portray the Agency in a negative manner (service delivery, safety and/or fiscal) 	
 <u>Timeline to notify County – Incidents related to Adults should be notified between 4-8 hours.</u> Client injury/ accident requiring medical attention or hospitalization that could pose an Agency liability Allegation of neglect, physical, mental and sexual abuse of a client by an Agency staff Incidents that may portray the Agency in a negative manner (service delivery, safety and/or fiscal) 	
 <u>Timeline to notify County – within 14 business days.</u> Resignation/Termination of CEO, President, or CFO Resignation/Termination of key funded staff Program funded staff vacancy over 90 days Loss of funding from another Funder that could impact services Temporary interruption of service delivery (i.e. natural and unnatural disasters) Other (Issues that impact service delivery to Program clients) Specify () 	
Summary of incident: (Do not include the name of the client or staff involved in incident)	

Will there be an investigation?

- □ Yes
- □ No
- □ N/A

Individual Completing Report: Print Name