

**DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES
CLASS III INCIDENT NOTIFICATION**

Transmission of this information via e-mail is a HIPAA violation

Funding Source: MPW

Consumer Directed Services (CDO)? Yes No

Individual's Name: _____ MAID/: _____ DOB: _____

Street Address: _____ City: _____ County: _____

Telephone Number: _____

Date of Incident: _____ Time of Incident: _____ am pm Eastern Central

DDID Notification: Date _____ Time: _____ am pm Eastern Central

DCBS Notification: Date _____ Time: _____ am pm Eastern Central

County: _____ Worker: _____ Telephone Number: _____

Will DCBS investigate? Yes No Unsure

Other Notifications: Support Coordinator Guardian

Provider(s): _____ Caller: _____ Title: _____

Phone number(s): _____

Description of Incident:

Immediate Action by Provider:

FOR DDID USE ONLY

Category: Abuse Neglect Exploitation No Suspected

Abuse/Neglect/Exploitation

Nature of abuse/neglect/exploitation: _____

Alleged perpetrator(s): _____

Report taken by: _____ Date Full Report received: _____