



**Broward County Community Partnerships Division  
Incident Report Form - Initial Report**

Providers are required to verbally notify the Contract Administrator within 24 hours of any incident or circumstance in the categories indicated below. If notification is not possible within 24 hours due to emergency conditions, notification must be made no later than the next business day. Written notification using this form is required within 48 hours of the incident.

Provider (Agency) Name: Contract No.: Program:	Phone #: 954-
Address where incident took place:	Date and Time of Incident:
Contact Person at Agency:	Phone #: 954-

<b>Please check all that apply:</b>	
<input type="checkbox"/> Death <input type="checkbox"/> Abuse <input type="checkbox"/> Arrest <input type="checkbox"/> Contagious Illness <input type="checkbox"/> Injury <input type="checkbox"/> Exploitation <input type="checkbox"/> Endangerment of Clients	<input type="checkbox"/> Illegal activity(ies) involving Clients or Provider staff <input type="checkbox"/> Notification of any lawsuit(s) initiated against Provider <input type="checkbox"/> Property damage affecting housing quality or safety or affecting equipment purchased with County funds <input type="checkbox"/> Other; specify: _____

\_\_\_\_\_ Client's Broward County CSMS Number (or Provide Enterprise or HMIS Number) only.  
**(Names or other client identifiers should not be used.)** Client's Age: \_\_\_\_\_

Brief Description of Incident:
Provider Actions: Check all that apply and provide date: <input type="checkbox"/> Police Notified (Date: _____) <input type="checkbox"/> Police Report Filed (Date: _____) <input type="checkbox"/> Florida Abuse Hotline Called (Date: _____) <input type="checkbox"/> Family Members Notified (Indicate Relationship and Date _____) <b>Do <u>not</u> use names.</b> <input type="checkbox"/> Broward County Contracts/Grants Administrator Notified (Date: _____) Other Actions/Comments:

Reporting Staff: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_