

INVESTIGATIVE REPORT

Investigative Report can be sent in the mail or submitted electronically to MHDDAD-Incidents@dhr.state.ga.us within 30 days of incident or discovery of incident.

Date of Report:

Provider Agency:

Contact Person:

Sub-Contractor:

Investigator:

Date of Incident(s):

Type of Incident(s):

MHDDAD Region:

Consumer Name:

Address:

Date of Birth:

Age at time of incident:

CID #:

SUMMARY OF ALLEGATION(S)/INCIDENT:

CHRONOLOGY OF INCIDENT:

INVESTIGATIVE METHODS:

Consumer Profile:

Provider Profile:

People Interviewed:

Summary of Interviews:

DOCUMENTS REVIEWED:

SUMMARY OF DOCUMENTS REVIEWED:

CONCLUSIONS:

RECOMMENDATIONS:

ATTACHMENTS: (if applicable)

Investigated by:

Name/Title

Date

By checking this box, I attest that the above typed signature verifies I completed this report

Reviewed & Approved by:

Date

By checking this box, I attest that the above typed signature verifies I reviewed this report