

Request for Extension

Instructions: Complete the form below (please type the information) and email to MHDDAD-Incidents@dhr.state.ga.us or fax to the Incident Management & Investigations Section (404-657-2187). For state hospitals, the request must be approved by the Regional Hospital Administrator. For contracted community providers, the request must be approved by a responsible executive manager.

Date of Request:

Incident Report #:

Consumer(s) Name:

Date of Incident:

Provider Agency Name:

Reason(s) for the request:

Expected completion date:

Name/title of requesting party

Date

Approved by Name/title:

Date

Typed signature verifies review/approval of request