



Report on Actions Taken

to address an incident or allegation of abuse

NYS Office of Mental Retardation
and Developmental Disabilities

This report includes any immediate corrective/protective actions taken in response to an incident or allegation of abuse to safeguard the health or safety of the person receiving services. This should include, but is not limited to, a general description of any initial first aid, medical/dental treatment, or counseling provided. Please note that the investigation may still be ongoing and additional actions may be taken pending the results and recommendations of the investigation. Further actions may be taken by agency administration. For additional information regarding this report please contact _____ by telephone at _____.

Name of person receiving services

Date the incident/alleged abuse occurred or was discovered

Prelim. Class. of incident/alleged abuse

Agency completing this form

DDSO

This report is being provided to (name)

Relationship to person receiving services

Phone number

Date initial notification was provided to person receiving this form

Immediate steps taken in response to the incident or alleged abuse to safeguard the health or safety of the person receiving services (please use additional sheet if necessary):

Name of person completing this report

Date this report was completed

Signature