

For Use in Reporting Circumstances in 460 IAC 6-9-5, 431 IAC 1.1-3-1 (b)
and/or DDRS Policy and Procedures

INCIDENT FOLLOW-UP REPORT - Confidential

Consumer Information

CONSUMER NAME: _____

SSN: _____ **Incident Number:** _____ **Incident Date:** _____

NARRATIVE - DETAILS

Describe investigation into the incident and/or all other follow-up actions taken.

DESCRIBE INVESTIGATION INTO THE INCIDENT OR OTHER FOLLOW-UP ACTIONS TAKEN.

DESCRIBE SYSTEMIC ACTIONS BEING TAKEN TO ASSURE HEALTH AND SAFETY ISSUES.

Describe systemic actions being taken to assume health and safety issues.

Name of Person Submitting Report:

Title of Person Submitting Report:

Agency Submitting Report:

Date Report Submitted:

Telephone Number of Person Submitting Report:

Email Address of Person Submitting Report: