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| --- | --- | --- | --- |
| Today’s Date: | Click here to enter text. | Date of Incident: | Click here to enter text. |
| Catholic Charities Supervisor Contacted: | Click here to enter text. | | |
| Date/Time of Contact with Supervisor: | Click here to enter text. | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Check what type of incident you are reporting: | | | | | | | |
| Abuse (any type) |  | Neglect |  | Harassment (any type) |  | Injury/Falls |  |
| Robbery/Assault |  | Other (specify) |  | Click here to enter text. | | | |

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| --- | --- |
| If the incident involves a report of child (or elder) abuse, neglect or dependency to the local Department of Social Services, also complete the following information: | |
| Date and Time of Report to DSS: | Click here to enter text. |
| County: | Click here to enter text. |
| Worker’s Name: | Click here to enter text. |
| Worker’s Phone Number: | Click here to enter text. |

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| Incident (what occurred): |
| Click here to enter text. |

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| Action Taken by Catholic Charities: |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Signature of Catholic Charities employee making report | Position |  |
|  |  |  |
| Catholic Charities Supervisor Signature | Position | Date Report Rec’d by Supv. |

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| --- | --- | --- | --- |
| Circle the appropriate person(s) to receive a carbon copy: | | | |
| Regional Director | Site Director | Supervisor of Clinical Counseling | Executive Director |