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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. |

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| 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. |

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| --- | --- | --- |
| 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 |