

# 4CS OF PASSAIC COUNTY, INC.

## INCIDENT/COMPLAINT REPORT

### INSTRUCTIONS

1. This form may be used to:
  - i. Document an investigation and/or complaint.
  - ii. Record an incident.
  - iii. Maintain a record of injury or death of a child while in care.
2. **IF DEATH OF A CHILD OCCURS, YOU MUST IMMEDIATELY NOTIFY DFD.**
3. Please PRINT clearly and attach additional sheets if needed.

- Alleged or Program Violation    Complaint    Child Injury    Child Death  
 Health & Safety Violation    Misuse of ECC    Misrepresentation of Information  
 Other: \_\_\_\_\_

If Child Involved - Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sibling1: \_\_\_\_\_ DOB: \_\_\_\_\_, Sibling2: \_\_\_\_\_ DOB: \_\_\_\_\_

Details of Incident or basis for complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries: (Include a full description of any and all marks, bruises & abrasions)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Services/Treatment Provided: (Please include any and all treatment, listing who administered treatment)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Actions Taken by:    DFD (Institutional Abuse, Dept. of Licensing)    4CS of Passaic County

Does this incident or complaint constitute program violation? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# INCIDENT/COMPLAINT REPORT

For Official Use Only CCR&R: 4CS of Passaic County, 2 Market Street, 3<sup>rd</sup> Floor, Paterson, NJ 07501

1. Type of Visit:  Announced  Unannounced  Incident  Investigation  Complaint

2. Allegation Against:  Center Based  FCC  FNN  CCR&R

Give name and position of employee(s), contractor(s), grantee, etc.

Name: \_\_\_\_\_ Telephone numbers: \_\_\_\_\_

other identifying information: \_\_\_\_\_ Dates: \_\_\_\_\_

3. Agency Involved:  AG  CCR&R  DCF  DFD  DOE  Head Start  Institutional Abuse  
 OOL  Other (Specify) \_\_\_\_\_

Name and ID# of screener/person receiving the report: \_\_\_\_\_

4. Name of Program/Provider: \_\_\_\_\_

5.  License #: \_\_\_\_\_  Registration #: \_\_\_\_\_  EPPIC #: \_\_\_\_\_

6. Type of Incident:  Alleged or Program Violation  Complaint  Misuse of ECC  
 Health & Safety Violation  Misrepresentation of Information  Other: \_\_\_\_\_

7. Date and time of incident/discovery: \_\_\_\_\_

8. Location of incident: (Give complete name(s) and addresses of organization(s) involved)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

9. Source of Complaint: Person who made the complaint:

Name: \_\_\_\_\_ Parent/Guardian? \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Anonymous  Phone Call  Email  Letter  Audit  Public  Program Staff

Social Media/News  Investigative Law Enforcement Agency (Specify) \_\_\_\_\_

10. Person who received complaint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

11. Print name of staff and title conducting investigation: \_\_\_\_\_

12. Is this the  First  Second or  Third Violation

13. Name of staff \_\_\_\_\_ Signature of staff \_\_\_\_\_ Date: \_\_\_\_\_

Department Staff Manager/Manager in charge: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

**Determination or disposition:**

14. Agency: 4CS of Passaic County

Date: \_\_\_\_\_

15. Copies furnished to: \_\_\_\_\_

16. Attachments & Photos: (List) \_\_\_\_\_