

Hotline Alert

Incident Information	
<b>Incident Information</b>	
<b>Description of Incident:</b>	
<b>Date of Incident:</b>	
Were staff present or involved in the incident?	
If Yes, Explain:	
Was this incident reported to the program or anyone else?	
If Yes, Explain:	
<b>Date Reported:</b>	
Program Information	
<b>Program Where Incident Occurred:</b>	
<b>Program City:</b>	
<b>Program State:</b>	
<b>Other Description:</b>	
UAC Information	
<b>First Name:</b>	
<b>Last Name:</b>	
<b>A-Number:</b>	
<b>Gender:</b>	
<b>Age:</b>	
<b>Country of Birth:</b>	
<b>Other Description:</b>	
<b>Were Other UAC Involved?:</b>	
If Yes, Explain	
Reporting	
Type of Incident/Individuals Involved	
<b>Type of Incident:</b>	<b>Specify:</b>
<b>Type of Allegation:</b>	
<b>Synopsis of call:</b>	

**Hotline Reporting**

**Reported to CPS:**

**State 1:**

**State 2:**

**State 3:**

**Date of Report 1:**

**Date of Report 2:**

**Date of Report 3:**

**Time of Report 1:**

**Time of Report 2:**

**Time of Report 3:**

**Case Number 1:**

**Case Number 2:**

**Case Number 3:**

**Reported to Law Enforcement:**

**State 1:**

**State 2:**

**State 3:**

**Date of Report 1:**

**Date of Report 2:**

**Date of Report 3:**

**Time of Report 1:**

**Time of Report 2:**

**Time of Report 3:**

**Case Number 1:**

**Case Number 2:**

**Case Number 3:**

**Officer Name 1:**

**Officer Name 2:**

**Officer Name 3:**

**Officer Badge Number 1:**

**Officer Badge Number 2:**

**Officer Badge Number 3:**

**Date Incident Reported to ORR:**

**Time Incident Reported to ORR:**

**ORR Reporting**

Not enough information to identify a UAC or care provider **No**

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Date Notified</b>	<b>Time Notified</b>
FFS				
FFS Supervisor				
PO				

**Comments:**