Hotline Alert

Incident Information
Incident Information

Description of Incident:

Date of Incident:

Were staff present or involved in the incident?

If Yes, Explain:

Was this incident reported to the program or anyone else?

If Yes, Explain:

Date Reported:

Program Information

Program Where Incident Occurred:

Program City:

Program State:

Other Description:

UAC Information

First Name:

Last Name:

A-Number:

Gender:

Age:

Country of Birth:

Other Description:

Were Other UAC Involved?:
If Yes, Explain

Reporting
Type of Incident/Individuals Involved

Type of Incident: **Specify:**

Type of Allegation:

Synopsis of call:

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

Role	Name	Email	Date Notified	Time Notified
FFS				
FFS Supervisor				
PO				

Comments: