

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: