



State of Alaska • Department of Health • Division of Senior and Disabilities Services

Centralized Reporting/Report of Harm Form • Fax to 907-269-3648

Reporter Information

Mandated Reporter

Agency

First Name

Last Name

Middle Initial

Address Line 1

Address Line 2

City

State

Zip Code

Contact Phone Number Required

Relationship to Involved Person

Relationship to Incident

Date incident became known to the Reporter required

Incident Information

Incident Date

Incident Time

Incident Location Required

Agency

Incident Phone

Address Line 1

Address Line 2

City

State

Zip Code

Law Enforcement Involvement

Result of Incident

Please describe the incident in detail and include the following information. What Happened?

What did you or others do when it happened and how will you or others help the participant now?

What do you think was the cause of the incident?

What could be changed, or has been changed so a similar incident does not happen again?

Risk to Investigator Yes No Unknown

If yes, please explain.

Alleged Victim/Involved Person/Affected Resident

In this section, please provide the name of all persons that you believe are involved in this event. In this section, please provide the name of all persons that you believe are involved in this event.

First Name

Last Name

Middle Initial

Gender

Date of Birth

Medicaid ID

If this person is homeless, please provide the closest address in the fields below.

Address Type

Address Line 1

Address Line 2

City

State

Zip Code

Contact Phone Number

Agency

Living Arrangements

Does the Alleged Perpetrator have access to the Involved Person?

Language Spoken

What program is the involved person a participant of?

Alleged Perpetrator

First Name required

Last Name required

Middle Initial

Gender

Date of Birth

Medicaid ID

If this person is homeless, please provide the closest address in the fields below.

Address Type

Address Line 1

Address Line 2

City

State

Zip Code

Contact Phone Number

Other Participant/Additional Contact/Collateral Contact

Agency

Job Title

First Name

Last Name

Middle Initial

Contact Phone Number

What is the relationship of this person to the Involved Person?

Relationship to Incident