

## INVESTIGATIVE REPORT

*Investigative Report can be sent in the mail or submitted electronically to [MHDDAD-Incidents@dhr.state.ga.us](mailto:MHDDAD-Incidents@dhr.state.ga.us) within 30 days of incident or discovery of incident.*

**Date of Report:**

**Provider Agency:**

**Contact Person:**

**Sub-Contractor:**

**Investigator:**

**Date of Incident(s):**

**Type of Incident(s):**

**MHDDAD Region:**

**Consumer Name:**

**Address:**

**Date of Birth:**

**Age at time of incident:**

**CID #:**

**SUMMARY OF ALLEGATION(S)/INCIDENT:**

**CHRONOLOGY OF INCIDENT:**

**INVESTIGATIVE METHODS:**

**Consumer Profile:**

**Provider Profile:**

**People Interviewed:**

**Summary of Interviews:**

**DOCUMENTS REVIEWED:**

**SUMMARY OF DOCUMENTS REVIEWED:**

**CONCLUSIONS:**

**RECOMMENDATIONS:**

**ATTACHMENTS: (if applicable)**

**Investigated by:**

\_\_\_\_\_  
**Name/Title**

\_\_\_\_\_  
**Date**

**By checking this box, I attest that the above typed signature verifies I completed this report**

\_\_\_\_\_  
**Reviewed & Approved by:**

\_\_\_\_\_  
**Date**

**By checking this box, I attest that the above typed signature verifies I reviewed this report**