

ACCIDENTS, INCIDENTS, GRIEVANCES AND COMPLAINTS FORM

Nevada Rural Counties RSVP, Inc.
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Carson City, NV 89706
PO Box 1708
Carson City, Nevada 89702
(775) 687-4680
fax:(775) 687-4494

Reporting Party:

Date: _____

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

E-mail Address: _____

Involved in incident Witness RSVP Field Rep/Employee

Incident:

Date occurred: _____ Time occurred: _____

Location: _____

Persons Involved/Witnesses:

1. Name: _____

Address: _____

Phone No.: _____ Fax No.: _____

Involved in incident Witness

2. Name: _____

Address: _____

Phone No.: _____ Fax No.: _____

Involved in incident Witness

3. Name: _____

Address: _____

Phone No.: _____ Fax No.: _____

Involved in incident Witness

4. Name: _____

Address: _____

Phone No.: _____ Fax No.: _____

Involved in incident Witness

Additional information (*check all applicable*):

Photos taken Who has photos: _____

Phone No.: _____

Police Report made Where: _____

Elder Protective Services Report made

Description of What Occurred (*attach additional pages if needed*):

Reporting Party's Signature: _____

For RSVP Internal Use Only:

Date report received: _____ Date responded to: _____

Note: reports must be responded to within 30 days of receipt.

Action Taken: _____ Date of Follow up: _____

Additional Comments: _____

****Use separate sheet if needed and attach.*