



Form OPWDD 148

NOTE: On this window, you can enter additional information for the state form. This includes information that is on the state form but not on the GER. The fields you will see depend on the event(s) you chose in the previous step.

If you have selected 'Other' or any value in a GER field that does not correspond to the state form, you will be asked for that information on this screen.

NOTE: Required fields are marked with an asterisk (*)

For Additional Details

Name: * _____ If Other: _____ Phone Number: * _____

Date the incident/alleged abuse occurred or was discovered: * _____

Prelem. Class. of incident/alleged abuse: * _____ DDSO: * _____

This report is being provided to (Name): * _____

If Other _____

Relationship to person receiving services: * Family Self Staff Other If Other: _____

Phone Number: * _____

Immediate Steps Taken in respond to the incident/alleged abuse

Immediate Steps Taken: * _____

Date initial notification was provided to person receiving this form * _____

Reported By: * _____ If Other: _____

Date this report was completed _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm