



Utah Department of
Health & Human
Services

**UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND BACKGROUND CHECKS**

PO BOX 144103
SALT LAKE CITY, UT 84114-4103
(801) 273-2994
(800) 662-4157 toll free
(801) 274-0658 Fax
HealthFacilityComplaint@utah.gov

INITIAL ENTITY REPORT

REPORTING INDIVIDUAL

EMAIL ADDRESS PHONE NUMBER

FACILITY NAME ADDRESS

TYPE OF REPORT

RESIDENT/PATIENT/CLIENT TO RESIDENT/PATIENT/CLIENT
 STAFF TO RESIDENT/PATIENT/CLIENT
 UNKNOWN INJURY
 MISAPPROPRIATION
 ELOPEMENT

OTHER

INDIVIDUAL(S) INVOLVED

RESIDENT(S)/PATIENT(S)/CLIENT(S) INVOLVED

STAFF INVOLVED & POSITION

ALLEGED PERPETRATOR & RELATIONSHIP TO RESIDENT/PATIENT/CLIENT

OTHERS CONTACTED

(Please select all that apply)

<input type="checkbox"/> APS	CASE NUMBER <input type="text"/>	DATE REPORTED <input type="text"/>	<input type="checkbox"/> OMBUDSMAN	<input type="checkbox"/> FAMILY
<input type="checkbox"/> POLICE	CASE NUMBER <input type="text"/>	DATE REPORTED <input type="text"/>	<input type="checkbox"/> PHYSICIAN	

INCIDENT

DATE OF INCIDENT TIME OF INCIDENT

WHAT OCCURRED

WHAT ACTION HAS THE FACILITY TAKEN? (Suspension, Moved, Terminated, Etc)

NOTE: THE FACILITY MUST FAX IN A FINAL INVESTIGATION REPORT WITHIN 5 WORKING DAYS TO 801-536-0967