# SHCN CONFIDENTIAL EVENT REPORT FORM

***Confidential Event Reports for SHCN participants are NOT to be printed or retained in the participant record***

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|---|---|---|
| **PARTICIPANT NAME:** | **DCN:** | **DOB:** |
| **PROGRAM:** | **REGIONAL OFFICE:** | **COMPLETED BY:** |
| **DATE OF EVENT:** | | **DATE COMPLETED:** |

**SUMMARY OF EVENTS:**

**ACTION TAKEN:**

**REPORT MADE TO CHILD/ADULT ABUSE & NEGLECT HOTLINE?** **YES** ☐ **NO** ☐

*If yes, what investigator was assigned and what is the case number?* **Investigator Name:** **Case #:**

*If yes, outline a summary of the investigation:*

**Report(s) made to other State agencies?** **YES** ☐ **NO** ☐

*If yes, what State agency(ies) did you refer to and what investigator was assigned?*

*If yes, outline a summary of the investigation:*

**Additional Follow up Required?** **YES** ☐ **NO** ☐

*If yes, outline necessary follow up steps:*

**Was the report resolved?** **YES** ☐ **NO** ☐ **UNKNOWN AT THIS TIME** ☐

*If yes, list the date resolved:*

*If yes, outline the resolution:*

***If a report was made to another State agency regarding this event, please include the referral form attachment(s) with the SHCN Confidential Event Report***