Print Form

UTAH DEPARTMENT OF HEALTH

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BUREAU OF LICENSING AND CERTIFICATION

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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 TO RESIDENT ☐ STAFF TO RESIDENT ☐ UNKNOWN INJURY ☐ MISAPPROPRIATION ☐ ELOPEMENT

OTHER

INDIVIDUAL(S) INVOLVED

RESIDENT(S) INVOLVED

STAFF INVOLVED & POSITION

ALLEGED PERPETRATOR & RELATIONSHIP TO RESIDENT

OTHERS CONTACTED

(Please select all that apply)

☐ APS	CASE NUMBER		DATE REPORTED	☐ OMBUDSMAN	☐ FAMILY
☐ POLICE	CASE NUMBER		DATE REPORTED	☐ 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

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