

Investigation Report Form
New Jersey Department of Human Services
Division of Developmental Disabilities

Investigation Report Information:

NJ IRMS # _____
Agency/Provider Name: _____
Site Address: _____ VID/Site ID # _____
Date Investigation Started: [Click here](#) _____

Incident Codes:

Incident Category:	_____
Incident Code:	_____
Sub-Category:	_____

* To duplicate this section for each additional victim, click here, then the plus sign to the right. →

Date & Time of the Alleged Incident: _____ [Click here](#) _____ Time: _____

Alleged Victim(s) Information:

Full Legal Name: _____
Level of Supervision at the time of the incident: _____
Has the guardian been notified about this incident report: Yes No

* If "No" and not SKL, please write explanation below.* If "No" and SKL, please send in justification on agency letterhead.

Person Notified:

First Name _____ Last Name _____ Title _____

Notified by:

First Name _____ Last Name _____ Title _____

Date: _____ Time: _____ Person Involved: _____

Support Coordinator Notified: Yes No

* To duplicate this section for each additional victim, click here, then the plus sign to the right. →

Alleged Perpetrator(s) Information:

Full Legal Name: _____

Title: _____ Male: Female:

Investigation Report Form
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AP's Date of Birth: _____

* To duplicate this section for each additional alleged perpetrator, click here, then the plus sign to the right. →

Witness Information:

Full Legal Name: _____

Title and/or Relationship: _____

* To duplicate this section for each additional witness, click here, then the plus sign to the right. →

All Staff on Shift & IRS' in Home/Location:
Please list all IRS's present and staff on shift (even if on break at time of the incident). If the incident occurred at Day Program, list IRS in the AV's group.

Legal Name	Title / Relationship

Description of the Incident location:
Setting, (i.e. in dining room eating dinner, while at park, in van on Rt. 9, etc.)

Events leading up to reportable incident, please explain and describe:
Activity | People | Change in Routine | Possible Trigger

Description of the Incident:

Records Reviewed:

Name of Document: _____

Date of Document: [Click here](#) _____ Date Reviewed: [Click here](#) _____

Document review Summary:

* To duplicate this section for each additional record, click here, then the plus sign to the right. →

Investigation Report Form
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Interviews:	
Full Name: _____	Date of Interview: Click here
Title/Relationship: _____	
Location: _____	
Others Present: _____	
Summary of Interview:	
* To duplicate this section for each interview, click here, then the plus sign to the right. →	

All Other Contacts:	
Full Name: _____	Date: Click here
Relationship / Title: _____	
Summary:	
* To duplicate this section for each contact, click here, then the plus sign to the right. →	

Conclusion/Analysis of Evidence for Allegation and/or Event:	
<u>A finding for each code is required</u> ; please ensure that findings are listed for each alleged victim and each alleged perpetrator:	
Incident Category:	_____
Incident Code:	_____
Sub-Category:	_____
Name of Alleged Victim(s): _____	
Name of Alleged Perpetrator(s): _____	
Substantiated / Yes: <input type="checkbox"/> Unsubstantiated / No: <input type="checkbox"/>	
Utilize templates below:	
ALLEGATION FINDINGS:	
Based upon a preponderance of the [testimonial/documentary/physical/video] evidence obtained, the allegation that [Mr./Ms. First and Last Name] was [abused/neglected/exploited] by [Agency/Facility name] [staff title] [Mr./Ms. First and Last Name], is [substantiated/unsubstantiated].	
Specifically, on xx/xx/xx, [insert summary of findings.] <i>Summarize specifically what the investigation determined occurred (not the initial allegation) and include whether or not what the AP did resulted in an injury to the AV. Specifically describe the injury and what treatment was required.</i>	

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EVENT FINDINGS:

Incidents with Event only codes should be investigated to rule out abuse or neglect.

Based upon the information obtained, it is [confirmed or not confirmed] that [Mr./Ms. First Last Name] experienced an [insert event]. Abuse and neglect [was/was not] determined to be a factor.

** To duplicate this section for each finding, click here, then the plus sign to the right. →*

Related Concern(s):

Any additional allegations or concerns that were identified

Summary:

** To duplicate this section for each concern, click here, then the plus sign to the right. →*

Actions Taken & Planned:

Immediate Actions:

[Choose an item.](#)

Completion Date:

[Click here](#)

Summary:

** To duplicate this section for each action taken/planned, click here, then the plus sign to the right. →*

Corrective Action:

[Choose an item.](#)

Planned Date:

[Click here](#)

Completion date:

[Click here](#)

Summary:

** To duplicate this section for each corrective action, click here, then the plus sign to the right. →*

Preventative Actions:

[Choose an item.](#)

Planned Date:

[Click here](#)

Completion date:

[Click here](#)

Summary:

** To duplicate this section for each preventative action, click here, then the plus sign to the right. →*

Date Investigation Concluded:

[Click here](#)

Investigator's Signature:

Investigation Completed by:

Title:

Contact Phone number:

Date Submitted to DHS/OPIA:

[Click here](#)

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