



**AdvancedCare**  
STAFFING

545 Broadway 3<sup>rd</sup> Floor  
Brooklyn, NY 11206  
(T) 718 305 6700  
(F) 718 305 6824  
[www.advancedcaresaffing.com](http://www.advancedcaresaffing.com)

*We take staffing close to our heart.*

**INCIDENT REPORT**

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Facility : \_\_\_\_\_ Date of Report: \_\_\_\_\_

Detailed Account of the Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did this complaint/incident results in DNR? \_\_\_Yes\_\_\_ No    If YES, type of DNR: \_\_\_Clinical\_\_\_ \_\_\_Professional\_\_\_

Management Action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, please attach additional sheet)

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**How to report a complaint:**

1. Please be specific when completing the form.
2. Attach additional sheet when necessary.
3. Fax completed form to (718) 305 6824 or mail to:

Attn: Complaints Management  
266 Broadway Ste. 502  
Brooklyn, N.Y. 11211

4. You may be contacted by an AdCS representative to verify complaint or ask for additional information.