FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Please return to:
Complaint Administration Unit
Phone - 850-488-5514
Fax – 850-488-6094
E-mail – fedrep@ahca.myflorida.com

Federal Immediate / 5-Day Report

1. FACILITY INFORMATION

A. Facility Name:	
B. Address:	
C. City/Zip:	
D. Phone Number:	E. Fax Number:
F. License Number:	
G. Name/Title of Person Submitting the Report:	

2. INCIDENT INFORMATION

A. Allegation : ☐Abuse ☐Neglect ☐Injury Unknown Origin ☐Exploitation/Misappropriation
B. Date and Time of Incident:
C. Name of Resident(s) –
D. Name(s) of Alleged Perpetrator(s)-(Staff License Number):
E. Clear, Brief Description of the Incident Leading to the Allegation:

3. IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS TAKEN:

4. NOTIFICATIONS

A. ☐ Abuse Registry	Date/Time:
B. ☐ Immediate Federal Report	Date/Time:
C. ☐ Law Enforcement	Date/Time:

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Name of Facility –
Name of Resident(s) –
Allegation and Date of Incident -

4. NOTIFICATIONS (CONT.)

D. ☐ 5-day Report	Date/Time:
E. ☐ Licensure Boards	Date/Time:

5. FINDINGS

A. Findings of Facility Investigation (Brief Description):
☐ Substantiated ☐ Unsubstantiated
B. Corrective Action(s) Taken or to be Taken: