LEL Home Services, LLC
Incident Reporting Form

Please contact LEL Home Services, LLC within 24 hours after the occurrence of the incident.

Email: incidents@lelhomeservicesllc.com Phone: (800) 206-2543 Fax: (317) 356-6661

Please supply the following information when reporting an incident:

Name:				***Social Security # :***			
Address:				***Date of Birth:***			
City:		***State:***	*IN*	***Zip:***			
Name of Legal Guardian:				***County:***			
BDDS Service Coordinator:				***BDDS District:***			
Current Case Manager:				***Type of Waiver:***	*A & D*	*DD*	*Support*
QA/QMRP:				***(Please Circle One)***	*TBI*	*Autism*	*Service*

Location of the Incident: _____ ***Date of Incident:*** _____

Name of the person supervising the individual at time of the incident: _____

Detailed Description of the Incident:

_____

_____

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Plan to Resolve (Immediate and Long Term):

_____

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Name of Person Reporting the Incident: _____

Relationship to the Individual: _____

Contact Number for additional Information if needed: _____