

Incident Report Form  
\*\*\* CONFIDENTIAL \*\*\*

Incident Report Number: 4163-008  
Log As: Reviewed and Filed

Printed: 08/10/2016  
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Date Reported: 01/30/2012  
Date Submitted: 05/15/2014

Date of Incident:  
Time of Incident:

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**FACILITY INFORMATION**

Facility: Planned Parenthood Leag Ma Cnt Ma C (4163)  
470 Pleasant Street  
Worcester, MA 01609

ID: 4163  
Type: Clinic Form  
Facility Reported: No

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**INCIDENT INFORMATION**

Incident/Allegation Type(s): Quality of Care/Treatment-Oth

Type of Harm(s): Quality of Care

Incident/Allegation Type(s) (after DPH review): Quality of Care/Treatment-Oth

Type of Harm(s) (after DPH review): Quality of Care

SRE Category(s): Non-SRE  
SRE Category(s) (after DPH review): \*Non-SRE

Body Part Affected(s):

Patient's Activity:

Location:

Equipment in Use:

Safety Precaution(s):

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**INCIDENT NARRATIVE**

Person complains about abortion procedures employed at the clinic - in particular the lack of supervision of patients after the use of Cytotec which they claim is an off label use. This information was gained during a telephone inquiry about their procedures

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**CORRECTIVE MEASURES**

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

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**FOLLOWUP INFORMATION**

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**NOTIFICATIONS**

Family:

Police:

Physician:

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Individual in Charge at Facility: Title: Directly Involved?:

REPORTER INFORMATION

Reporter: Title:

PATIENT INFORMATION

First Name Last Name Age Gender Admission Date Ambulatory Status ADL Status Cognitive Level Developmentally Disabled

PATIENT ADDRESS

First Name Last Name Address 1 Address 2 City State Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name Last Name Gender Title Hire Date

WITNESS INFORMATION

First Name Last Name Title Directly Involved

END OF REPORT