

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

**Incident Report Number:** 4163-003  
**Log As:** Reviewed and Filed

**Printed:** 08/10/2016  
**Page:** 1 of 3

**Date Reported:** 06/28/2007  
**Date Submitted:** 06/22/2011

**Date of Incident:** 06/26/2007  
**Time of Incident:** 02:00

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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):** Unknown/Other

**Type of Harm(s):** No Harm

**Incident/Allegation Type(s) (after DPH review):** Unknown/Other

**Type of Harm(s) (after DPH review):** No Harm

**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**

**E-Mail Report:** The Complainant reports the Planned Parenthood League of Massachusetts not allegedly obtained a license from the Board of health and Hospitals according to the city of Boston Ordinance. DPH sent an e-mail to the Complainant referring her to the Boston Public Health Commission if the allegation is that the clinic violated one of their regulations and/or if PPLM is in compliance. review/file

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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**

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Family: No

Police:

Physician: No

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

REPORTER INFORMATION

Reporter: Title: Advocate/Advocacy Group

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