Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	4163-006	**Printed:**	08/10/2016
Log As:	Reviewed and Filed	**Page**	1 of 3
Date Reported:	12/31/2008	**Date of Incident:**	12/ /2008
Date Submitted:	06/22/2011	**Time of Incident:**	:

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

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:**	Other
Location:	A	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Complainant's Letter: The Complainant is reporting that allegedly a Client/Patient of this Clinic died because of medical practice by an identified Doctor. The Complainant also alleges that this Clinic has not complied with the Law and is asking DPH to investigate this Clinic's actions and death of the Client/Patient of this Clinic, who allegedly died by an The Complainant has enclosed and attached a copy of the Death Certificate of the Client/Patient.

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

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:** Unknown/Other

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