

Incident Report Form

\*\*\* CONFIDENTIAL \*\*\*

Incident Report Number: 4163-002  
Log As: Reviewed and Filed

Printed: 08/10/2016  
Page 1 of 2

Date Reported: 02/13/2006  
Date Submitted: 06/22/2011

Date of Incident: 02/09/2006  
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): 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):

INCIDENT NARRATIVE

consumer report: Consumer alleges only three out of the four clinic's are licensed by the state, the fourth is not licensed.

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes

Police:

Physician: Yes

Incident Report Form

\*\*\* CONFIDENTIAL \*\*\*

Incident Report Number: 4163-002  
Log As: Reviewed and Filed

Printed: 08/10/2016  
Page 2 of 2

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