N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SERVICES FOR THE BLIND

CODE OF CONDUCT VIOLATION INCIDENT REPORT

Incident Date: _____ Time: _____

Place: _____

Consumer Involved: _____

Staff (Including Title) Involved: _____

Description of Incident:

Action Taken:

Signature: (staff completing report) _____ Date: _____

Supervisor's comments:

Signature: _____ Date: _____

cc: DSB Director, DSB Assistant Director, DSB Chief(s) of program(s) involved