



ARIZONA IR

Arizona Department of Economic Security (Incident Report)

NOTE: On this page, you can enter additional information for state form. This includes information that is on the state form but not on GER. The fields you will see depend on event (s) you chose in the previous step.
If you have selected 'Other' or any value in a GER field that does not correspond to state form, you will be asked for that information on this page.

What happened before the incident? _____

What could have prevented the incident? _____

Type of medical intervention: Doctor's visit Emergency room Hospitalization
 Urgent care Other

If Other: _____

Location of medical intervention

Street 1: _____ **Street 2:** _____
City: _____ **County:** _____
State: _____ **ZIP:** _____

SIGNATURE: _____ **NAME** _____ **DATE** _____ **TIME** _____ am/pm



Notifications

Notification Type:* Child/Adult Protective Services Notified Parent/Guardian Notified
 Police Notified Support Coordinator Notified Tribal Social Services Notified

Notified?:* Yes No N/A

If Yes, name of person notified: _____

If No, explain why _____

Notified By: _____

If Other: _____

Date of Notification _____

Time of Notification: _____am / pm

SIGNATURE: _____ **NAME** _____ **DATE** _____ **TIME** _____ am/pm

Note:- Required fields are marked with an asterisk (*)