

**ACSI FLORIDA APPROVAL PROGRAM**

**INCIDENT/COMPLAINT FORM**

Name of FAP Program: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Program Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_ Contact # \_\_\_\_\_

Director's Email: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_

**Nature of Report:**

- Accident involving serious bodily harm to a staff or student
- Suspected Child Abuse of a student by a staff member
- DCF Complaint

Date & Time of Occurrence: \_\_\_/\_\_\_/\_\_\_      \_\_\_:\_\_\_ am pm

Witnesses to Occurrence: \_\_\_\_\_  
\_\_\_\_\_

**Details of Incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program's Response to Incident:** \_\_\_\_\_

---

---

---

---

\_\_\_\_\_

(Signature)

\_\_\_\_\_

**ACSI'S Response to Complaint:** \_\_\_\_\_

---

---

---

---

---

---

**Date Received by ACSI :** \_\_\_/\_\_\_/\_\_\_

**ACSI Contact:** \_\_\_\_\_