Mandated Reporting – Summary of Oral Report

(do not include any information in this report that may identify either victims or perpetrators)

1. Name of DBHRT member who filed report: _____

2. Oral Report made to: DCYF BEAS (circle one)

3. Name and Location of Event in which DBHRT was involved:

4. Brief description of the reason and circumstances for filing an oral report.

5. Date and Time Oral Report was made: _____ _____

Please complete and submit this report to the Disaster Behavioral Health Coordinator within 48 hours of the event either by fax (223-3609) or by e-mail Paul.Deignan@hsem.nh.gov
If you wish to send the report electronically, you will need to contact the Coordinator and request an electronic version of the reporting form. Hard copies of the Reporting forms will be available at all events in which DBHRT has been activated.

NO IDENTIFYING INFORMATION ABOUT THE FAMILY SHOULD BE LISTED ON THIS FORM.