

## OCCURRENCE BASED REPORT COMMUNITY INCLUSION

Occurrence based reports are submitted when something unusual happens within the service. These reports allow CLBC and the service provider to work together to resolve potential issues. Detailed requirements are laid out in Schedule D of the Terms and Conditions. Occurrence based reports are due no later than 5 days after the event occurs.

*ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.*

### PART 1: Vendor Information

<b>1. VENDOR LEGAL NAME</b>	
<b>2. NAME AND POSITION OF PERSON MAKING REPORT</b>	
<b>3. PHONE NUMBER</b> (INCLUDE AREA CODE)	<b>4. EMAIL ADDRESS</b>
<b>5. CONTRACT NUMBER</b>	<b>6. DATE OF REPORT SUBMISSION</b> (DD/MMM/YYYY)

### PART 2: Occurrence Information

<b>7. FULL NAME OF INDIVIDUAL INVOLVED</b> (IF APPLICABLE)	<b>8. INDIVIDUAL'S DATE OF BIRTH</b> (DD/MMM/YYYY)
<b>9. LOCATION OF SERVICE</b> (IF SPECIFIED IN CONTRACTOR FUNDING TEMPLATE)	<b>10. ACTIVITY NAME</b> (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)
<b>11. VACANCY/ABSENCE</b>	
<b>12. SERVICE PROVIDER COMMENTS</b> (PLEASE INCLUDE RELEVANT DATES)	
<b>13. SERVICE SPECIFICATION VARIANCE</b> (IF SPECIFIED IN CONTRACT) <b>SELECT ALL THAT APPLY:</b>  <input type="checkbox"/> Contracted service start and end time <input type="checkbox"/> Number or specific days per week Service is provided <input type="checkbox"/> Number or specific weeks per year Service is provided	<b>14. PROVIDE DETAILS ON ACTUAL SERVICE DELIVERED</b>
<b>15. SERVICE PROVIDER COMMENTS ON VARIANCE</b>	

**PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE**