

OCCURRENCE BASED REPORT PSYCHOLOGICAL / BEHAVIOURAL

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

1. VENDOR LEGAL NAME

2. NAME AND POSITION OF PERSON MAKING REPORT

3. PHONE NUMBER (INCLUDE AREA CODE)

4. EMAIL ADDRESS

5. CONTRACT NUMBER

6. DATE OF REPORT SUBMISSION

PART 2: Occurrence Information

7. FULL NAME OF INDIVIDUAL INVOLVED

8. INDIVIDUAL'S DATE OF BIRTH (DD/MMM/YYYY)

9. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)

10. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)

11. VACANCY/ABSENCE

12. SERVICE PROVIDER COMMENTS (PLEASE INCLUDE RELEVANT DATES)

13. SERVICE SPECIFICATION VARIANCE

(IF SPECIFIED IN THE CONTRACT)

SELECT ALL THAT APPLY:

Contracted maximum number of Service Hours for Individual have been exceeded

Contracted Service start and end time

Number or specific days per week Service is provided

14. PROVIDE DETAILS ON ACTUAL SERVICE DELIVERED

15. SERVICE PROVIDER COMMENTS ON VARIANCE

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