

# Right to Refuse Service Incident Report



Agency Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Date	Description of Incident	Action Taken

Client Signature: \_\_\_\_\_  Refused Signature

Agency Rep Signature: \_\_\_\_\_

Supervisor/Director Signature: \_\_\_\_\_

Date	Description of Incident	Action Taken

Client Signature: \_\_\_\_\_  Refused Signature

Agency Rep Signature: \_\_\_\_\_

Supervisor/Director Signature: \_\_\_\_\_

Date	Description of Incident	Action Taken

Client Signature: \_\_\_\_\_  Refused Signature

Agency Rep Signature: \_\_\_\_\_

Supervisor/Director Signature: \_\_\_\_\_